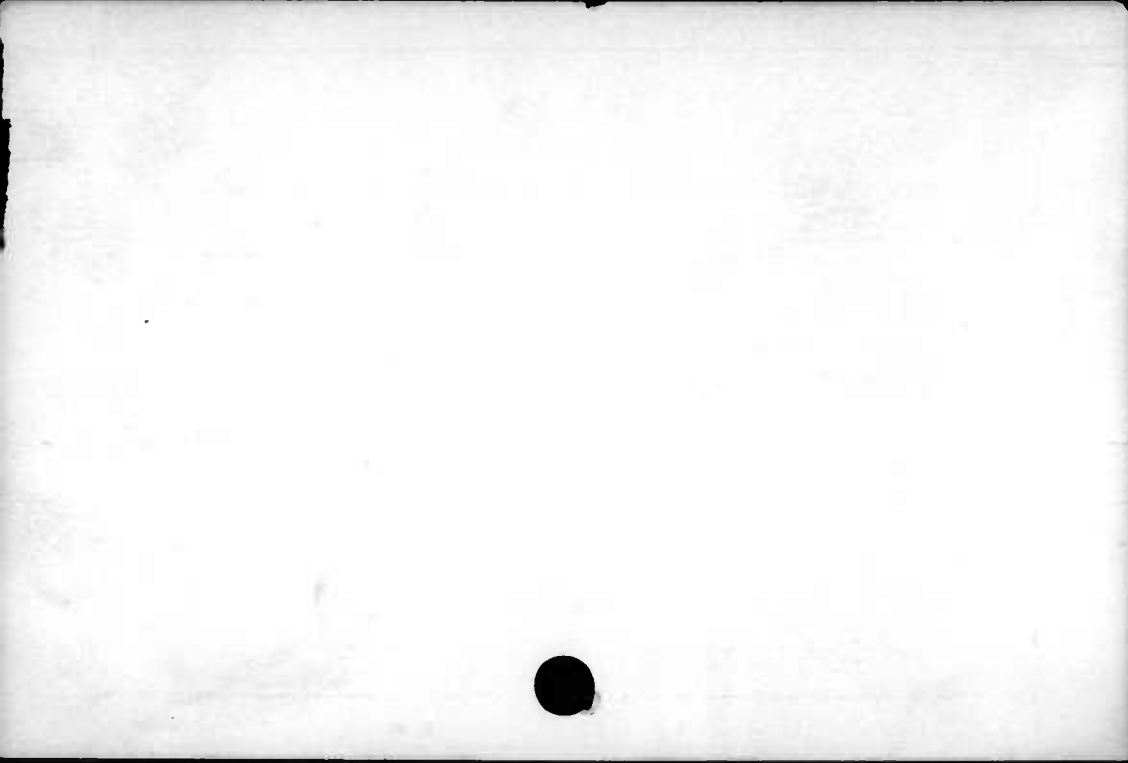


| | | | | | | | |
|-------------------------------------|----------------------------------------------------------------------|--------------------|---------------------------|---------|------------------------|-------------------------|----------------|
| Name in Full | | Charles T. Barnard | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND |
| | Lonaconing | | | | Allegany | | |
| | Date of death 1902 | | Month | | Days | | |
| | 2 | | Aug | | 4 | | |
| | Sex | | Color or Race | | Birth-place | | |
| | male | | White | | Maryland | | |
| | Married, Single or Widowed | | Occupation | | | | |
| | Married | | Stationary Engineer | | | | |
| Name of Wife or Husband | | Agnes Eastin | | | | | |
| Father's Name | | Wm. R. Barnard | | | | Father's Birthplace | |
| | | | | | | U. S. | |
| Mother's Maiden Name | | Ann E. Hopwood | | | | Mother's Birthplace | |
| | | | | | | U. S. | |
| Name of person giving information | | Fuller Barnard | | | | How related to deceased | |
| | | | | | | Brother | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Rheumatism | | 93 | | How long |
| | | | | | | | 11 days. |
| | Immediate | | Pneumonia - Acute Failure | | | | How long |
| | | | | | | | 3 days. |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | M. Gibson Pott |
| | | | | Address | | Lonaconing Md. | |
| Accident or Suicide? | | — | | | | | |



Name in Full

Certificate of Death

Died at Frederick Allegany MARYLAND
 Town County
 Date 1902 8 15 Y. M. D. Age 91 Native of Ind Occupation _____
Male White Married Widow Divorced
Female Colored Single Widower Number of children living _____

Husband of _____
 Wife of _____
 Father's Name Thos Bm Mother's Maiden Name Harriet Bm
 Cause of Death { Primary Ills - colitis + bronchitis How long sick 3 weeks
 Immediate _____ Accident, Suicide, Homicide _____

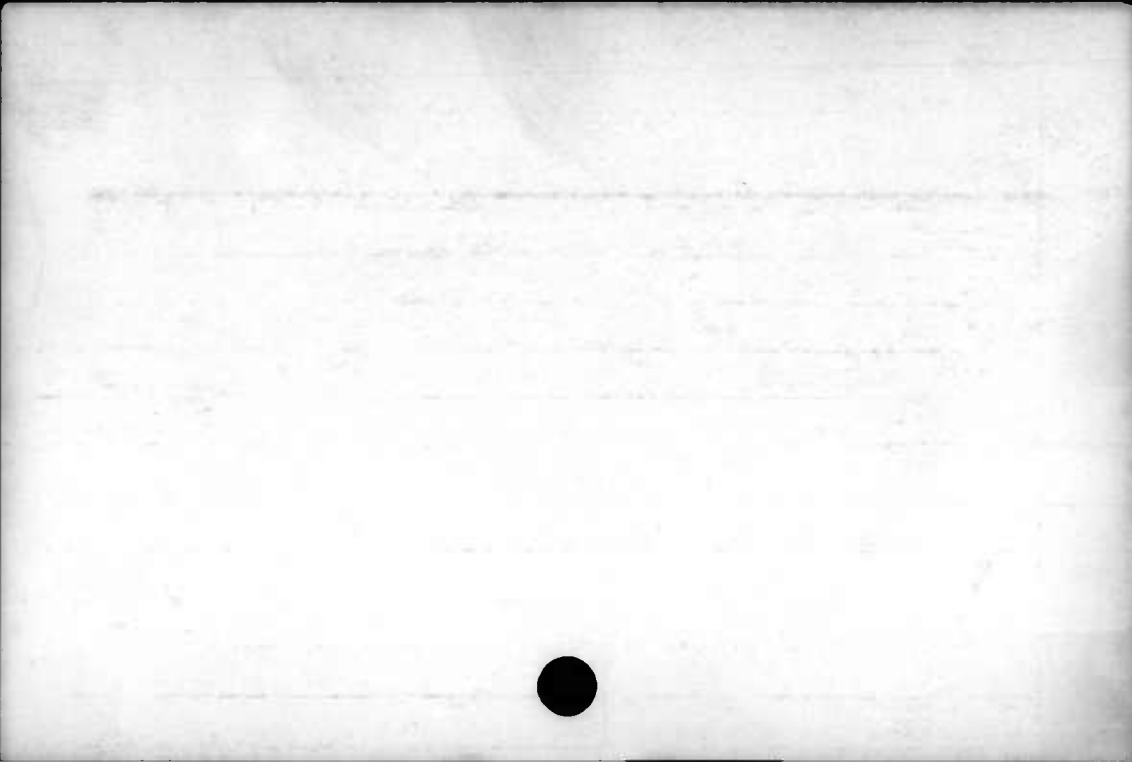
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. ✓



| | | | | | | | |
|------------------------------------------------------------------------------------|--|------------------------------------------------|--|-------------------------------|--|--------------------------------------|--|
| Name in Full Joseph Braddock | | Town Barton | | County Allegheny | | MAYLAND | |
| Died at Barton | | Date of death 1902 Aug | | Day 17 | | Age 6 Months 8 Days | |
| Sex Male | | Color or Race White | | Birth-place Barton | | | |
| Married, Single or Widowed | | Occupation L | | | | | |
| Name of Wife or Husband L | | | | | | | |
| Father's Name Joseph Braddock | | Father's Birthplace Allegheny Co | | | | | |
| Mother's Maiden Name Lila Wilt | | Mother's Birthplace Garrett Co | | | | | |
| Name of person giving information Joe Braddock | | How related to deceased Father | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Consumption | | 27 | | How long six months | | | |
| Immediate L | | | | How long L | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician J. A. Boncher | | Address Barton | | | |
| Accident or Suicide? L | | | | | | | |



Name In Full

Certificate of Death

Joseph Britton

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

May

17

Age

52

City

Clerk

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis Pulmonum

How long sick

Death

Immediate

Hemorrhage Lung

~~Accident, Suicide, Homicide~~

Reported by

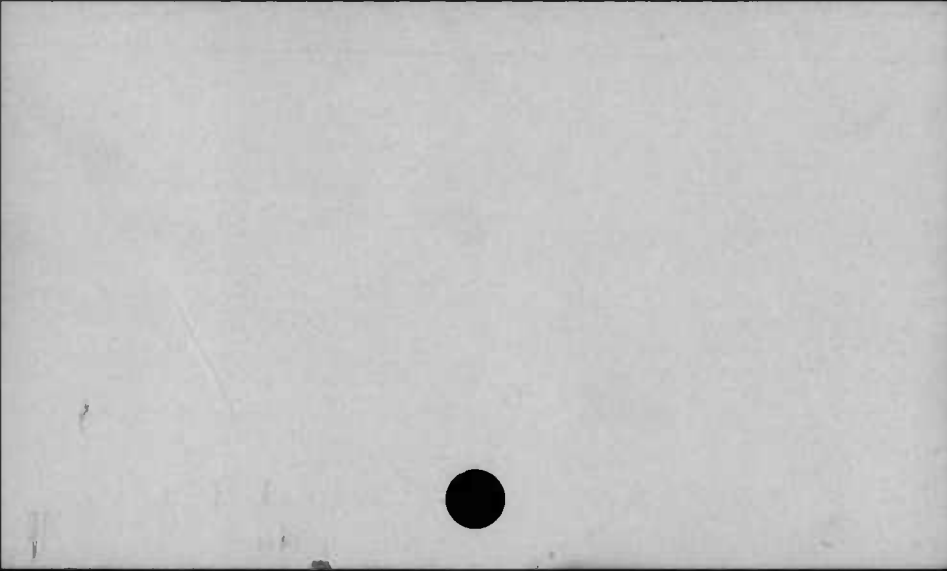
Bro. L. Broadbent M.D.

Address

100 Va an

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Chas. Jefferson Brode
 Town Vale Summit County Allegany.
 Died at 8/19/02 8 1 Y. M. D. 1 Native of Maryland Occupation nothing
 Male White Married Widower Divorced
 Single Number of children living - 6
 Husband of Francis Brode 92
 Wife Francis Brode 92
 Father's Name Francis Brode Mother's Name Aida May Brode
 Cause of Primary Broucho - Pneumonia 4 days
 Death Immediate Asphyxia Accident, Suicide, Homicide
 Reported by Doctor W. J. Howard
 Address Vale Summit Maryland.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

657m

Attended by Dr. George Wallace Smith
at the Episcopal

Seen by Coroner _____
of _____

Information contained in this certificate received from _____
on _____

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry J. Benton

Died at ^{Town} Cumberland, Md

County ^{allegany}

MARYLAND

Date of death 1902 Aug

Month

Day

Age

Year

Months

Days

Sex Male

Color or Race White

Birth-place Cumberland, Md

Married, Single or Widowed Single

Occupation child

Name of Wife or Husband

Father's Name A. G. Benton

Father's Birthplace Md

Mother's Maiden Name Annie H. Taylor

Mother's Birthplace Md

Name of person giving information A. G. Benton

How related to deceased Nephew.

CAUSES OF DEATH

Primary Enteric Colitis

105

How long 10 days

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. H. Town, M.D.

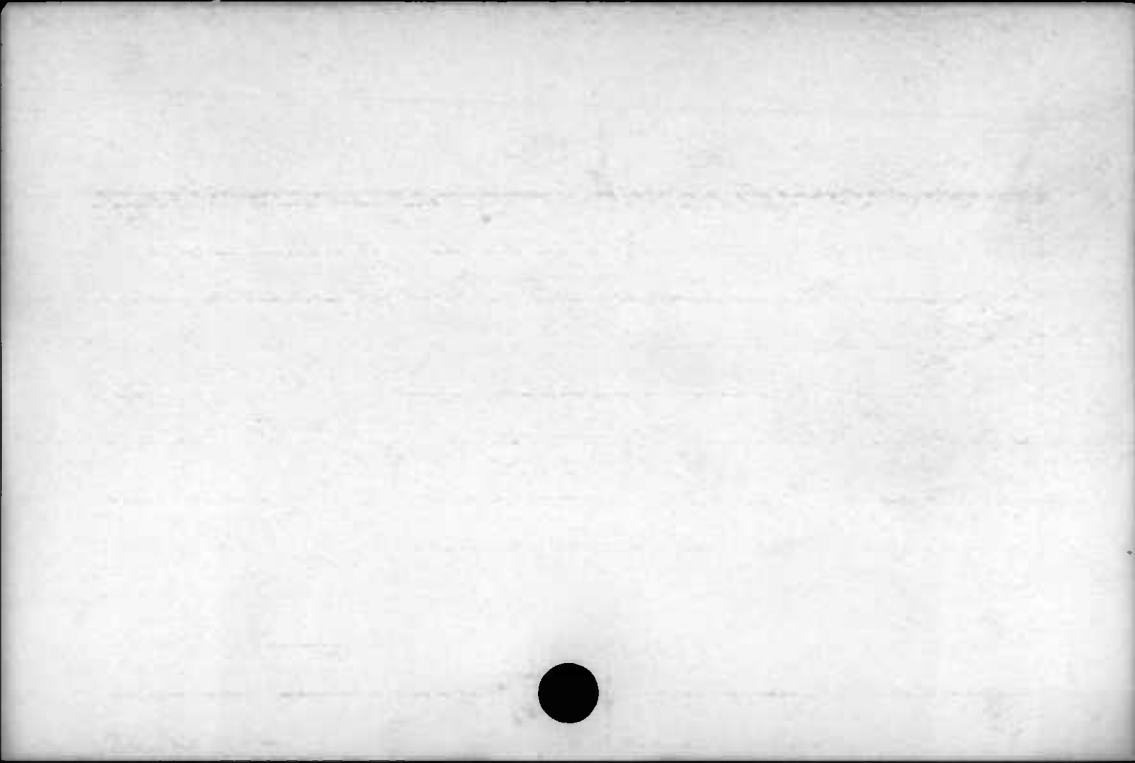
Address

Cumberland, Md.

Accident or Suicide?

Md

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

August Cherantel

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

18

Age

27

-

-

Hungary

Miner

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

August Cherantel

166

Cause of

Primary

Gun shot wound of abdomen

How long sick

3 days

Death

Immediate

Peritonitis & collapse

~~Accident, Suicide, Homicide~~

Reported by

J. M. Spear

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008

Name

in
full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

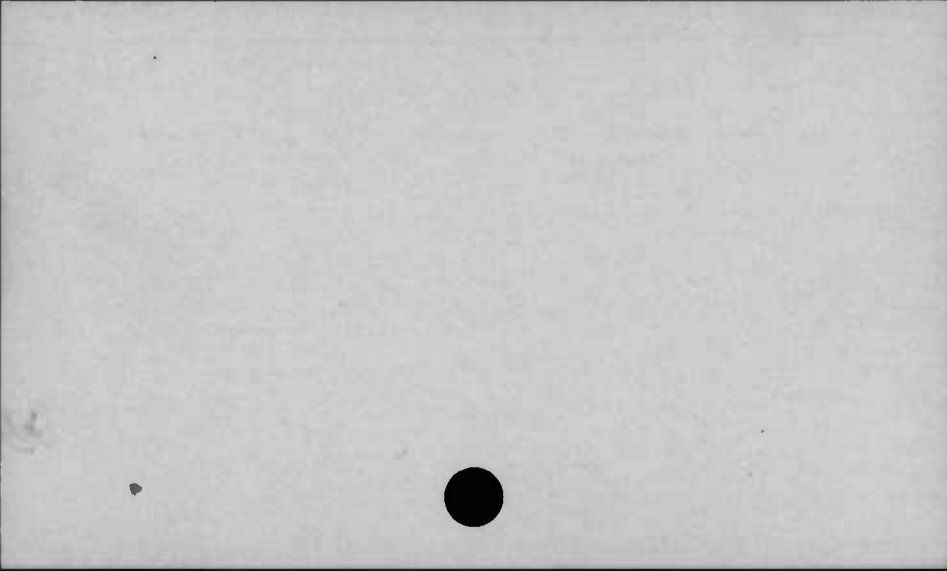
| | | | | | |
|--------------------------------------------|------------------|------------------------------------|----------------------------------|----------------------|-------------------------------|
| Died at <i>Cumbersland</i> ^{Town} | | <i>Allegheny</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>Aug</i> | Day <i>17</i> | Age <i>57</i> | Years <i>—</i> | Months <i>—</i> Days <i>1</i> |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>—</i> | |
| Married, Single or Widowed <i>—</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>John Conners</i> | | | Father's Birthplace <i>N. Y.</i> | | |
| Mother's Maiden Name <i>Alice Bailey</i> | | | Mother's Birthplace <i>Pa</i> | | |
| Name of person giving information <i>—</i> | | | How related to deceased <i>—</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Stomach</i> | How long <i>—</i> |
| Immediate <i>—</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Thos. H. Town, M.D.</i> |
| | Address <i>Cumbersland</i> |
| Accident or Suicide? | <i>Yes</i> |





Name In Full *Ch of Jacob A Daniels* Certificate of Death
Town *Cumtland* County *Maryland* MARYLAND

Died at *Cumtland* *Maryland* MARYLAND

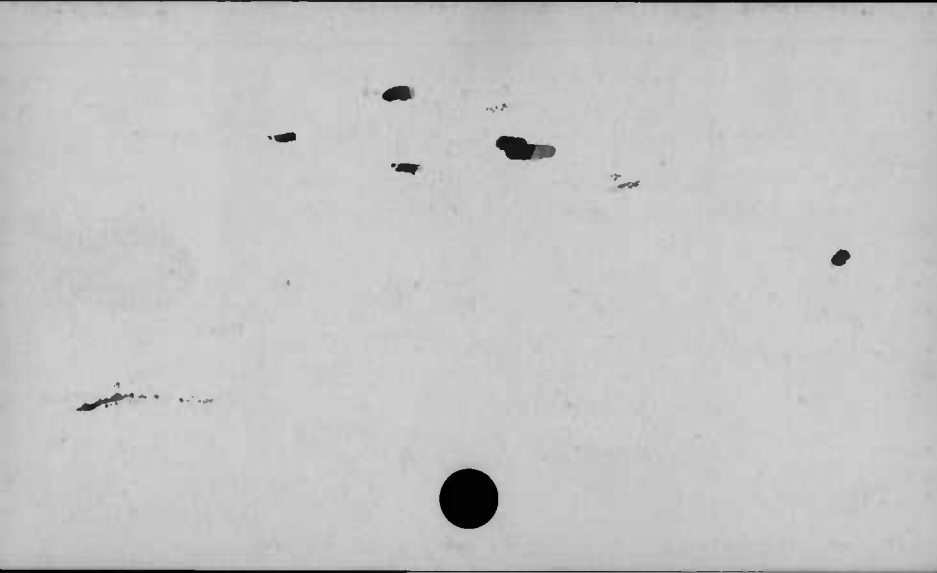
Date 19 *02* Month *8* Day *9* Age *7* Y. *-* M. *-* D. *7* Native of *_____* Occupation *_____*
~~Male~~ White Married ~~Widow~~ Divorced
Female ~~Colored~~ Single ~~Widower~~ Number of children living *_____*

Husband of *_____*
Wife *_____*
Father's Name *J. A. Daniels* Mother's Name *Patience Linn*
Maiden Name *Patience Linn*

Cause of Death Primary *Consumption* How long sick *12 hours*
Immediate *Exhaustion* *71* ~~Accident, Suicide, Homicide~~

Reported by *W. F. Tarr*
Address *Cumtland Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

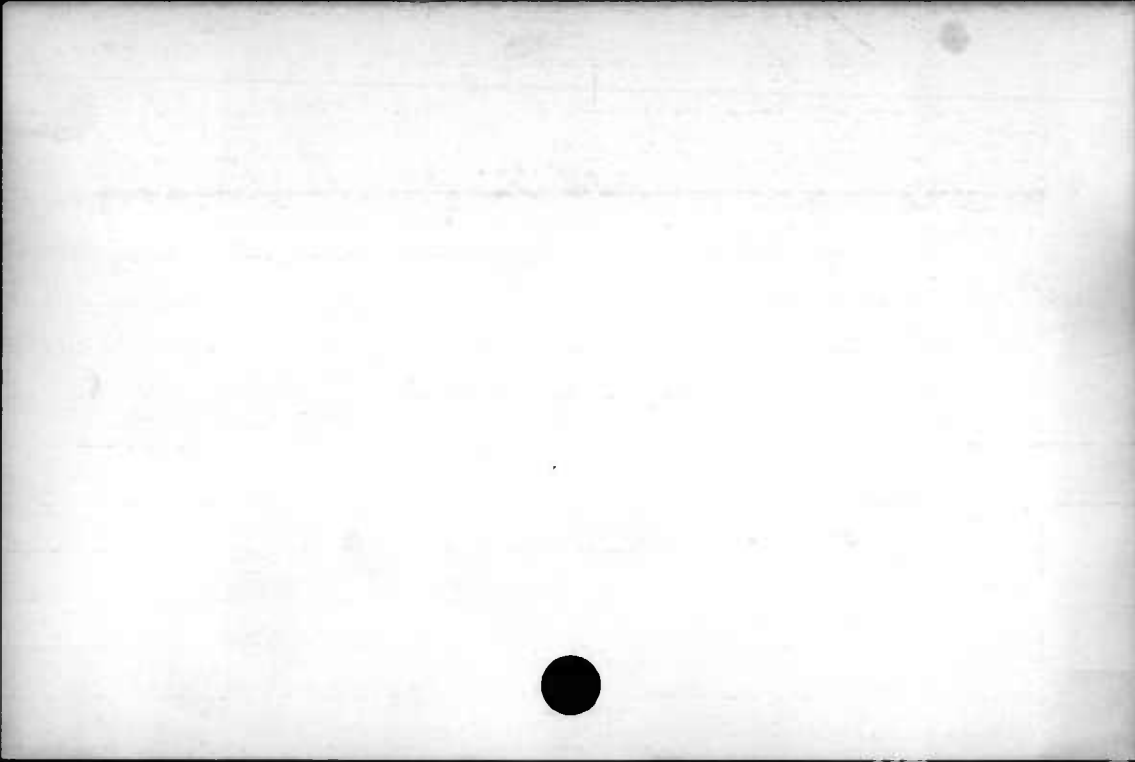
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--------------------------------------------------|----------------------------|---------------------------------------|---------------|
| Died at <u>Lonaconing</u> <u>Alligany</u> County | | MARYLAND | |
| Date of death 190 <u>2</u> <u>Aug</u> <u>26</u> | Age <u>—</u> | Months <u>8</u> | Days <u>—</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Lonaconing</u> | |
| Married, Single or Widowed <u>Single</u> | | Occupation <u>—</u> | |
| Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Frank Diller</u> | | Father's Birthplace <u>Lonaconing</u> | |
| Mother's Maiden Name <u>Miller</u> | | Mother's Birthplace <u>Pekin</u> | |
| Name of person giving information <u>—</u> | | How related to deceased <u>—</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Primary <u>Cholera Infantum</u> | How long <u>10 days</u> |
| Immediate <u>Meningitis</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>W. D. Killing</u> |
| | Address <u>Lonaconing</u> |
| Accident or Suicide? <u>—</u> | |



Edna Pearl Dublin

Died at Cumtuck Town Cumtuck County

MARYLAND

Date 19 02 Aug 5 Y. 6 M. 25 D. md Native of md Occupation _____

Male White Married Widow Divorced
Female Colored Single Widower Number of children living _____

Husband of

Wife

Father's Name Wm B Dublin Mother's Name Emm L Barker
 Maiden Name Emm L Barker

Cause of Death { Primary Tuberculosis 2 How long sick _____
 Immediate Chol Infants to Exhaustion Accident, Suicide, Homicide _____

Reported by W L Broadnax VRO.Address Cumtuck

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm Evans
 Died at *Cumtla* Town *Allegheny* County **MARYLAND**

Date 19 *02 Aug 31* Month *Aug* Day *31* Y. *7* M. *-* D. *-* Native of Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband
of
Wife

Father's
Name

Mother's
Maiden Name

Wm Evans *Alma*

Cause of Primary

Death Immediate

How long sick

2 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

John Michael Farrell

Town

County

MARYLAND

Died at

North Branch

Allegheny

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8-10

Age 17

Iowa

Labor

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

or

Wife

Single

Father's

Name

Thomas J Farrell

Mother's

~~Maiden Name~~

Eliza Farrell

Cause of

Primary

How long sick

Death

Immediate

Killed on Rail Road 166

Accident, ~~Suicide, Homicide~~

Reported by

Wm. J. Conner "Conner's"

Address

Crimbsland

Maryland

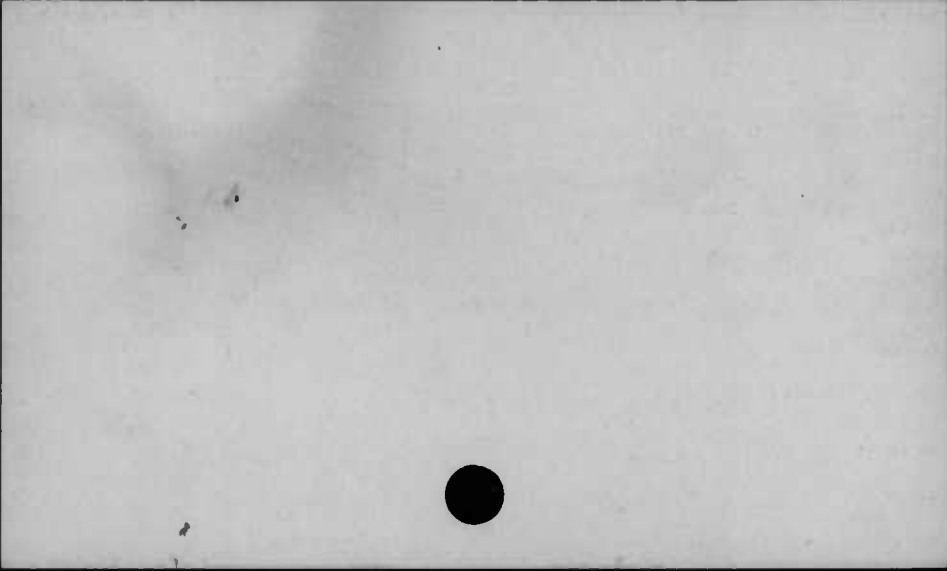
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



| | | | | | | | |
|----------------------------------------------|--|-----------------------------|--|----------------------------------------------|--|-----------------------------|--|
| Died at <i>Wt Savage</i> | | Town | | County <i>Allegheny</i> | | MARYLAND | |
| Date 1902 Aug 10 th | | Month Day | | Y. M. D. | | Native of Occupation | |
| Male | | White | | Married | | Widow | |
| Female | | Colored | | Single | | Divorced | |
| | | | | | | Number of children living | |
| Husband of | | | | | | | |
| Wife | | | | | | | |
| Father's Name <i>William Michael Farrell</i> | | | | Mother's Maiden Name <i>Anna Mary Porter</i> | | | |
| Cause of | | Primary | | | | How long sick | |
| Death | | Immediate <i>Still Born</i> | | | | Accident, Suicide, Homicide | |
| Reported by <i>Edward Quailis</i> | | | | | | | |
| Address <i>Wt Savage</i> | | | | | | | |

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | | | | | |
|---------------------------------------------------------|--|-----------------------------------------------|--|------------------------------|--|-----------------------------|--|
| Name in Full | | <i>Baby Fayman</i> | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Cumtland</i> | | County <i>Allegheny</i> | | MARYLAND | |
| | | Date of death 190 <i>2</i> <i>Aug.</i> | | Day <i>27</i> | | Years <i>2</i> | |
| | | Month <i>Aug.</i> | | Age <i>2</i> | | Months <i>2</i> | |
| | | Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Cumtland</i> | |
| | | Married, Single or Widowed <i>—</i> | | Occupation <i>Child</i> | | | |
| | | Name of Wife or Husband <i>—</i> | | | | | |
| | | Father's Name <i>H.R. Fayman</i> | | Father's Birthplace <i>—</i> | | | |
| Mother's Maiden Name <i>Don't know</i> | | Mother's Birthplace <i>—</i> | | | | | |
| Name of person giving information <i>Geo. Muhlbruth</i> | | How related to deceased <i>105 Not at all</i> | | | | | |

CAUSES OF DEATH

| | | | | | |
|----------------------------------------------------------------------|--|------------------------------------------------------|--|-------------------------|--|
| PHYSICIAN OR CORONER | | Primary | | How long | |
| | | <i>Chronic Gastro Enteritis</i> | | <i>6 weeks</i> | |
| | | Immediate | | How long | |
| | | <i>6 weeks</i> | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Arthur H. Hawkins M.D.</i> | | Address <i>Cumtland</i> | |
| Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

Mrs. Mary E. Fridt

Died at *Lawsonburg* Town *Allegheny* County

MARYLAND

Date of death 190 *2* Month *Aug* Day *12* Age *76* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *—*

Married, Single ☒ Widowed Occupation *none*

Name of wife or Husband *Fridt*

Father's Name *John S. Miller* Father's Birthplace *Williamsport*

Mother's Maiden Name *Catherine Hollman* Mother's Birthplace *Williamsport*

Name of person giving information *Mrs. Phil Jones* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Bright disease* How long *One yr or*

Immediate *Apoplexy* How long *14 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *U. R. Skilling*

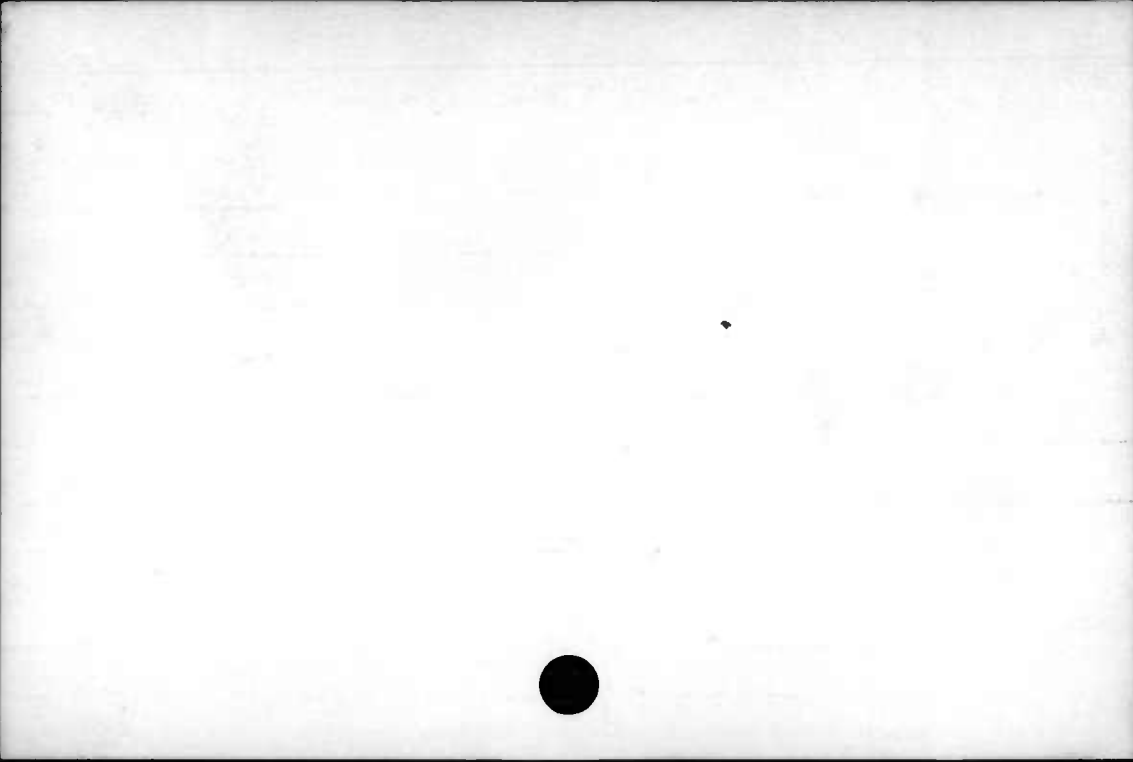
Address

Lawsonburg

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

D.

Native of

Occupation

Date 19

02

Aug

Age

1-1wk-2

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 wks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

12

1



Name
in
FullMary Martha ~~Broadwater~~ ^{Wilt} Green

CERTIFICATE OF DEATH

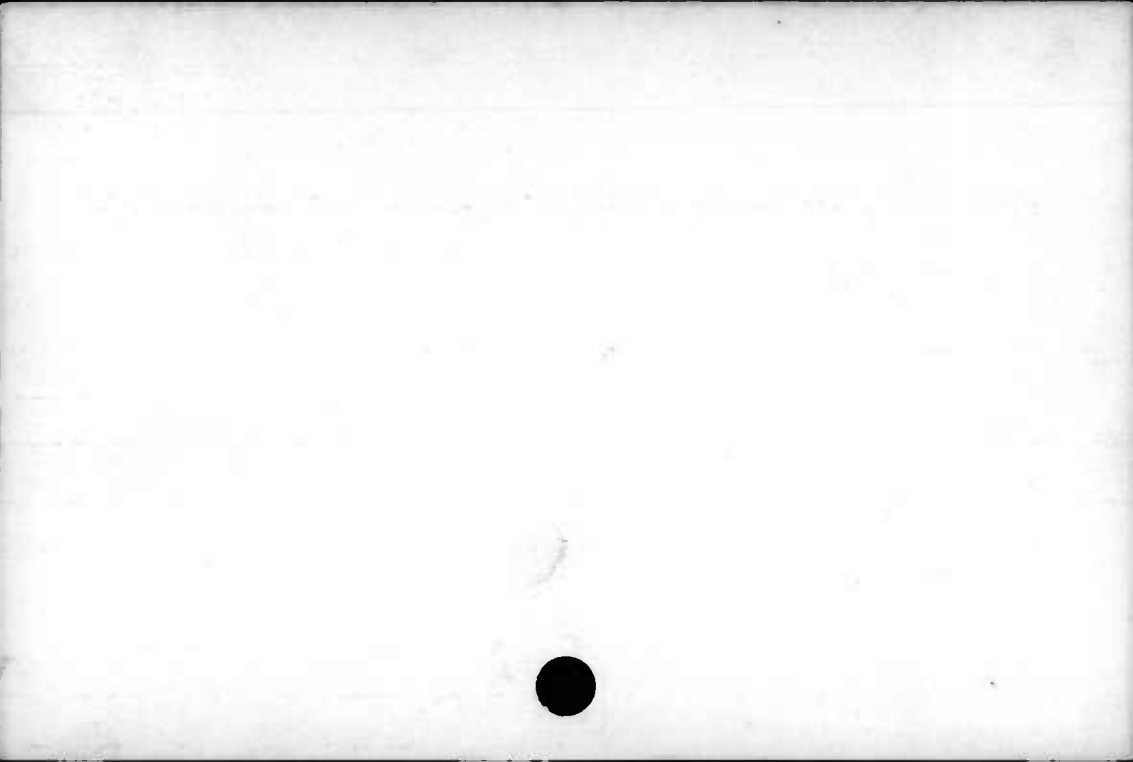
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------------------|----------------------------|-----------------------------------|----------------------------------------|----------------------------|--------------------------|
| Died at <u>Near Barton</u> ^{Town} | | <u>Allegany</u> ^{County} | | MARYLAND | |
| Date of death 190 | <u>2</u> ^{Month} | <u>4</u> ^{Day} | Age <u>31</u> ^{Years} | <u>4</u> ^{Months} | <u>5</u> ^{Days} |
| Sex <u>Female</u> | Color or Race <u>white</u> | | Birth-place <u>Garnett Co</u> | | |
| Married, Single or Widowed <u>Married</u> | | | Occupation <u>H.W.</u> | | |
| Name of Wife or ^{Husband} <u>Wm Green</u> | | | | | |
| Father's Name <u>John W. Wilt</u> | | | Father's Birthplace <u>Garnett Co</u> | | |
| Mother's Maiden Name <u>Elizabeth Kogan</u> | | | Mother's Birthplace <u>—</u> | | |
| Name of person giving information <u>Wm Green</u> | | | How related to deceased <u>Husband</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|----------------|
| Primary | <u>Post Partum Laemorrhage</u> | How long | <u>several</u> |
| Immediate | <u>Shock</u> | How long | <u>hours</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>J. A. Boucher</u> | |
| | | Address <u>Barton, Md.</u> | |
| Accident or Suicide? | | | |



Name
in
Full

Eliza C. Greenfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lumberton* Town

County

allegany

Date

of death 190 2

Month

Aug

Day

11

Age

Years

79

Months

10

Days

12

Sex

*Female*Color or
Race*White*Birth-
placeMarried, Single
or Widowed*Widow*

Occupation

*Housewife*Name of Wife or
Husband*John G. Greenfield*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

CAUSES OF DEATH

Primary

Broken Hip

How long

3 Weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. St. Louis M.D.*

Address

*Lumberton**md*

Accident or Suicide?



Name
in
Full

Jessie Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|----------------------------------------------------------|--|---------------------|----------------------------|---------------------|-----------------|---------------------------------------|--|--|
| Died at <u>Cumberland</u> Town | | | <u>Allegany</u> County | | | MARYLAND | | |
| Date of death 190 <u>2</u> | | Month <u>August</u> | Day <u>9</u> | Age <u>27</u> Years | Months <u>-</u> | Days <u>28</u> | | |
| Sex <u>Female</u> | | | Color or Race <u>white</u> | | | Birth-place <u>md</u> | | |
| Married, Single or Widowed <u>Single</u> | | | Occupation | | | | | |
| Name of Wife or Husband | | | | | | | | |
| Father's Name <u>Jessie Hamilton</u> | | | | | | Father's Birthplace <u>md</u> | | |
| Mother's Maiden Name <u>Bertha Schuber</u> | | | | | | Mother's Birthplace <u>md</u> | | |
| Name of person giving information <u>Bertha Hamilton</u> | | | | | | How related to deceased <u>mother</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-------------------------------------------|
| Primary <u>Erysipelas</u> | How long <u>six days</u> |
| Immediate <u>Embolism</u> | How long <u>3 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>J. Hamilton</u> |
| | Address <u>Cumberland md</u> |
| Accident or Suicide? | |



Name
in
Full

Mrs. Annie E. Host

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------|-------------------------------|----------------------------------------|---------------------------------------|--------------------------------|------------------------------|
| Died at <u>Cumtland</u> <small>Town</small> | | <u>Allegheny</u> <small>County</small> | | MARYLAND | |
| Date of death 190 <u>2</u> <small>Month</small> | <u>Aug</u> <small>Day</small> | <u>21</u> <small>Age</small> | <u>25</u> <small>Years</small> | <u>—</u> <small>Months</small> | <u>—</u> <small>Days</small> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Cumtland</u> | | | |
| Married, Single or Widowed <u>Married</u> | Occupation <u>Housekeeper</u> | | | | |
| Name of Wife or Husband <u>German Host</u> | | | | | |
| Father's Name <u>Friedrich Lutz</u> | | | Father's Birthplace <u>Germany</u> | | |
| Mother's Maiden Name <u>Josephine Mohschar</u> | | | Mother's Birthplace <u>Germany</u> | | |
| Name of person giving information <u>Andrew Lutz</u> | | | How related to deceased <u>Father</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------|
| Primary <u>Brain Tumor</u> | How long <u>5 weeks</u> |
| Immediate <u>Paralysis</u> | How long <u>2 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Dr. H. F. Torgg</u> |
| | Address <u>Cumtland, Md.</u> |
| Accident or Suicide? <u>✓</u> | |



Name In Full

Certificate of Death

Shanna Holmer

Town

County

MARYLAND

Died at

Cumberland

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02 Aug 8 Age 2-2-4 Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Jas. Holmer Catherine Tracey

Cause of

Primary

Cholera Infantum

How long sick

1 week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Geo. L. Broadnax M.D.

Address

100 Va Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



CERTIFICATE OF DEATH

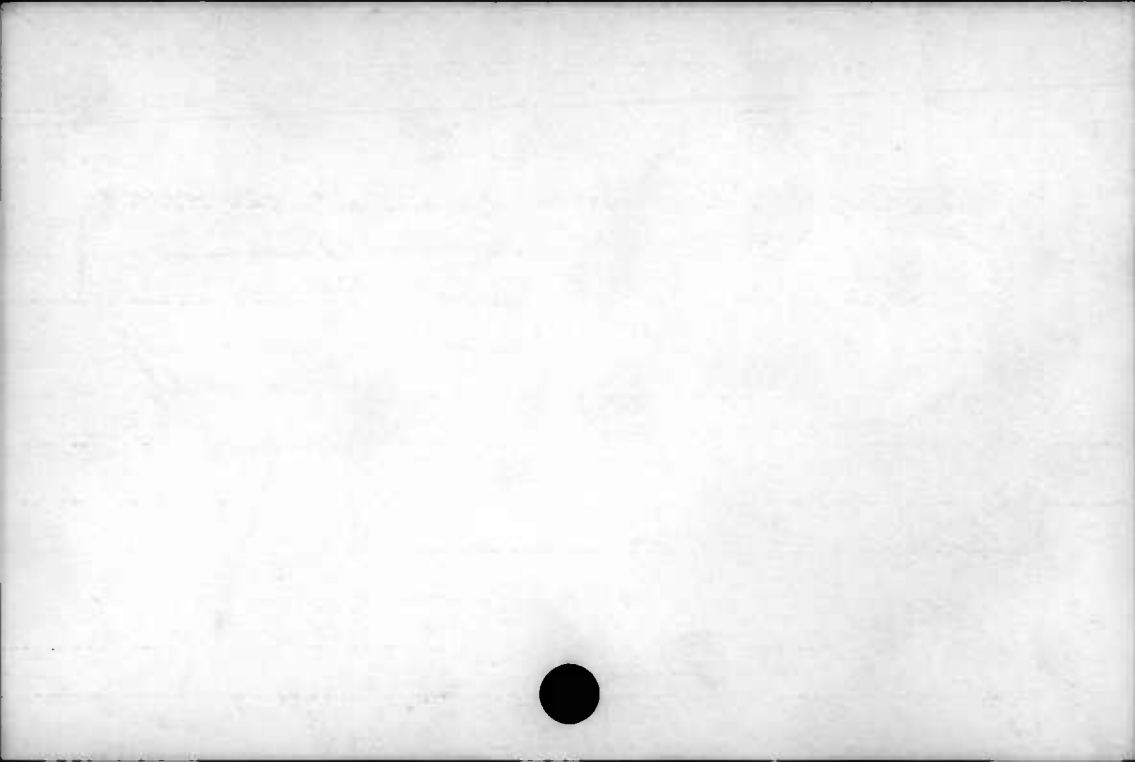
**TO BE ANSWERED BY
NEAREST FRIEND**

| | | | | | |
|-------------------------------------------------------|----------------------------|-------------------------------|---------------------------------------|----------|------|
| Died at <u>Burnerland</u> | | County <u>Allegheny</u> | | MARYLAND | |
| Date of death 190 <u>2</u> | Month <u>Aug</u> | Day <u>20</u> | Age <u>12 hours</u> | Months | Days |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Burnerland</u> | | | |
| Married, Single or Widowed <u>Single</u> | | Occupation <u>_____</u> | | | |
| Name of Wifa or Husband <u>_____</u> | | | | | |
| Fathar's Name <u>Herbert Hyde</u> | | | Father's Birthplace <u>Ind.</u> | | |
| Mother's Maiden Name <u>Daisy Herschman</u> 51 | | | Mother's Birthplace <u>Ind.</u> | | |
| Name of person giving Information <u>Herbert Hyde</u> | | | How related to deceased <u>Father</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|--------------------------|------------------------|-----------------|
| Primary | Prolonged labor | How long | 12 hours |
| Immediate | Traumatism & convulsions | How long | 12 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | N. H. Stansbury |
| yes | | Address | Berryland Ind. |
| Accident or Suicide? | | | |



Name
in
Full

Robert C. Kerr

CERTIFICATE OF DEATH

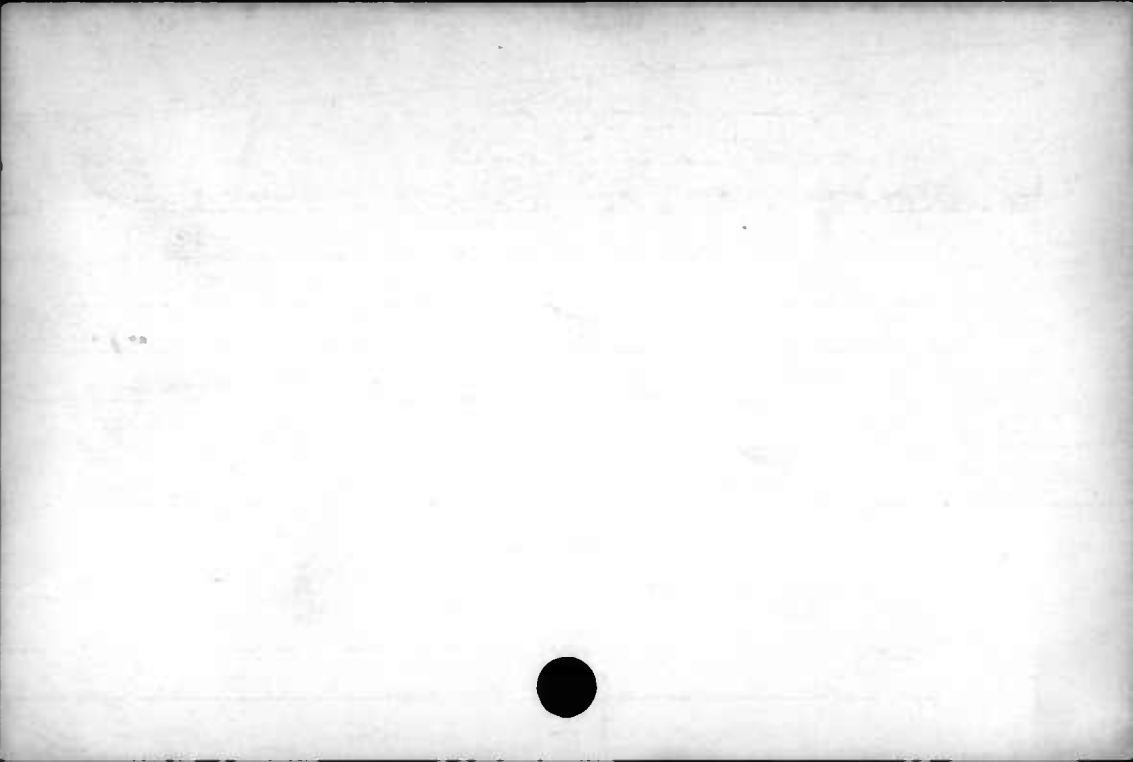
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------------------------|----------------------------|-------------------------|-----------------------------------------------|-----------------|---------------|
| Died at <u>Lord</u> Town | | County <u>Allegheny</u> | | MARYLAND | |
| Date of death 1902 | Month <u>August</u> | Day <u>27</u> | Age <u>22</u> | Months <u>9</u> | Days <u>5</u> |
| Sex <u>Male</u> | Color or Race <u>white</u> | | Birth-place <u>Sona coming W. Va.</u> | | |
| Married, Single or Widowed <u>Single</u> | Occupation <u>Miner</u> | | | | |
| Name of Wife or Husband | | | | | |
| Father's Name <u>David Kerr</u> | | | Father's Birthplace <u>Scotland</u> | | |
| Mother's Maiden Name <u>Marion Clarkson</u> | | | Mother's Birthplace <u>Sona coming W. Va.</u> | | |
| Name of person giving information <u>David Kerr</u> | | | How related to deceased <u>Father</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Primary <u>RR accident jumped from moving train - fracture dorsal vertebrae & other injuries</u> | How long <u>lived 5 days</u> |
| Immediate <u>Hyperpyrexia from auto-infection</u> | How long <u>1 day</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>James C. Bullock</u> |
| <u>Paralysis below umbilicus from time of injury -</u> | Address <u>Sona coming</u> |
| Accident or Suicide? <u>Accident</u> | <u>Maryland</u> |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|-------------------------------------------------------------------------|-------------------------------|---------------------------------------|------------------------------------------------------|----------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Cumberland</i> <small>Town</small> | | <i>allegany</i> <small>County</small> | | MARYLAND |
| | Date of death 190 <i>2</i> | Month <i>Aug</i> | Day <i>31</i> | Age <i>Premature</i> <small>Years</small> | Months Days |
| | Sex <i>Girl</i> | Color or Race <i>White</i> | | Birth- place <i>Cumberland, Md</i> | |
| | Married, Single or Widowed <i>—</i> | | | Occupation <i>—</i> | |
| | Name of Wife or Husband | | | | |
| | Father's Name <i>Frank Kessler</i> | | | Father's Birthplace <i>N. Va</i> | |
| | Mother's Maiden Name <i>Mollie Higgins</i> | | | Mother's Birthplace <i>Md</i> | |
| | Name of person giving In formation <i>—</i> | | | How related to deceased <i>—</i> | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Premature Birth</i> | | | How long <i>8</i> | |
| | Immediate | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician <i>Thos H. Frank, M.D.</i> | |
| | | | | Address <i>Cumberland, Md</i> | |
| | Accident or Suicide? | | | | |



Name In Full

Certificate of Death

Blawn

Town _____ County *Allegheny* MARYLAND

Died at _____

Date 19 *02* Month *Aug.* Day *24* Y. *1* M. *1* D. *1* Native of _____ Occupation _____

Male ☒ Female ☐
 White ☒ Colored ☐
 Married ☒ Single ☐
 Widow ☐ Widower ☐
 Divorced ☐ Number of children living _____

Husband of _____

Wife _____

Father's Name _____ Mother's Name *Ester Platt*

Cause of Death {

Primary *Star room*
 Immediate *Star room*

How long sick _____
 Accident, Suicide, Homicide *Star room*

Reported by *Thos. M. Gosw*

Address *Star room*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Catherine Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------------------------------|---------------------|-------------------------------|-----------------------------------|------------------------------------------|-------------------|--|
| Died at <i>Timberland</i> ^{Town} | | | <i>alligany</i> ^{County} | | MARYLAND | |
| Date of death 1900 | Month <i>Aug</i> | Day <i>20</i> | Age | Months <i>11</i> | Days <i>12</i> | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth- place <i>Ind</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation | | | |
| Name of Wife or Husband | | | | | | |
| Father's Name <i>Spencer C. Fisher</i> | | | | Father's Birthplace <i>Pa</i> | | |
| Mother's Maiden Name <i>Theodosia Burr</i> | | | | Mother's Birthplace <i>Ind</i> | | |
| Name of person giving In formation <i>S. C. Fisher</i> | | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|-------------------------------------------------------------------------|--|------------------------------------------------------|
| Primary | | How long |
| Immediate <i>Exhaustion</i> | | How long |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Thos. H. Evans M.D.</i> |
| | | Address <i>Timberland, Ind.</i> |
| Accident or Suicide? | | |



Name
in
Full

Ellen Lancaster

CERTIFICATE OF DEATH

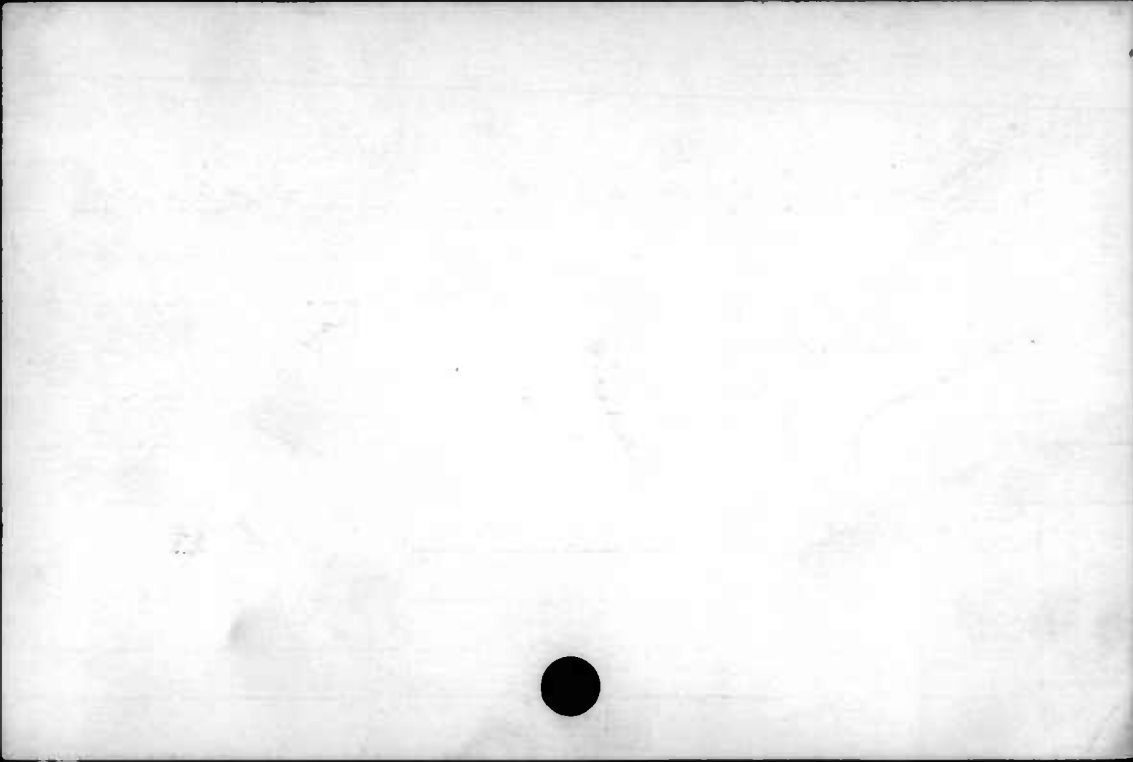
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|-------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 1902 | | Month | Day | Age | Years | Months | Days |
| Sex | | Color or Race | | Birth-place | | | |
| Married, Single or Widowed | | Occupation | | | | | |
| Name of Husband | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information | | How related to deceased | | | | | |

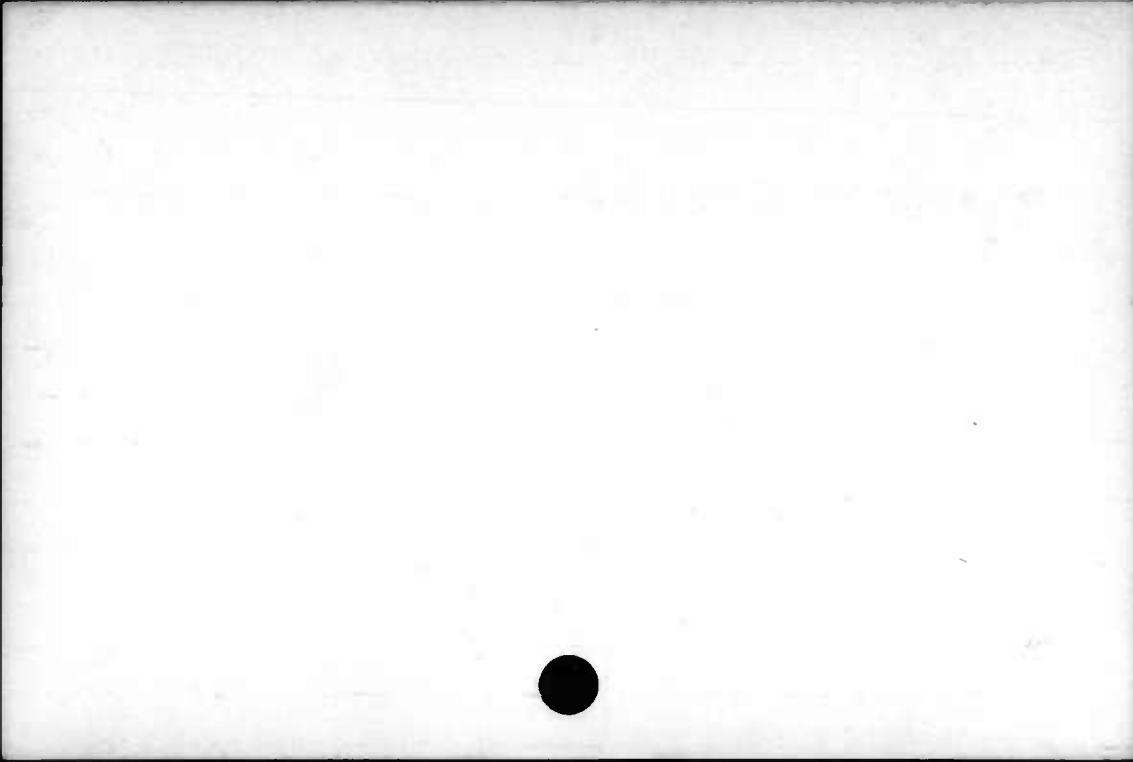
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|-----------------|------------------------|----------|
| Primary | Acute Dysentery | How long | 14 weeks |
| Immediate | Heart failure | How long | 3 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | D. J. L. Conway | |
| Form Residence W | | Address | |
| Porter Graveyard | | Mt. Savage Md | |
| Accident or Suicide? | | | |



| Name in Full | | Lewis Lowdermilk | | | | CERTIFICATE OF DEATH | | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------|------------------|---------------------------------------------|--------------------------------------|----------------------|-------------------|---------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Barton</u> Town | | | County <u>Allegany</u> | | | MARYLAND | | |
| | Date of death 190 <u>2</u> | | Month <u>Aug</u> | Day <u>19</u> | Age <u>2</u> | Years <u>2</u> | Months <u>2</u> | Days <u>2</u> | |
| | Sex <u>White Male</u> | Color or Race <u>White</u> | | | Birth-place <u>Barton Ind</u> | | | | |
| | Married, Single or Widowed <u>L</u> | | | | Occupation <u>D</u> | | | | |
| | Name of Wife or Husband <u>L</u> | | | | | | | | |
| | Father's Name <u>Nathan Lowdermilk</u> | | | | Father's Birthplace <u>W. Va</u> | | | | |
| | Mother's Maiden Name <u>Gertrude Mummy</u> | | | | Mother's Birthplace <u>Alleg. Co</u> | | | | |
| Name of person giving information <u>Gertrude Lowdermilk</u> | | | | How related to deceased <u>Mother</u> | | | | | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary <u>Still Birth</u> | | | Face, present <u>Tattoo</u> | | | How long <u>L</u> | | |
| | Immediate <u>Injured in delivery</u> | | | 12 1/2 lbs weight | | | How long <u>L</u> | | |
| | Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | | Signature of Physician <u>J. C. Boncher</u> | | | | | |
| | | | | Address <u>Barton Ind</u> | | | | | |
| | Accident or Suicide? | | | | | | | | |



Name
in
Full

Bernard Filmore Linn

CERTIFICATE OF DEATH

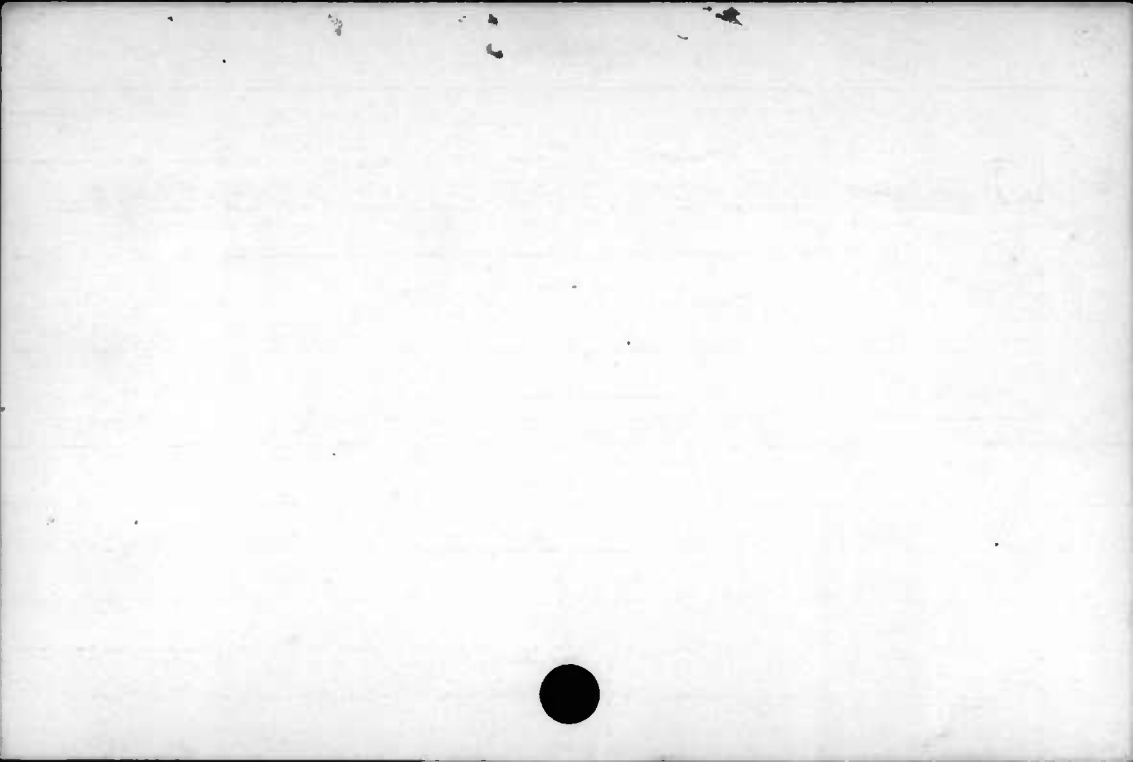
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------------------|----------------------------|------------------------------------|------------------------------------------|-----------------|------|
| Died at <i>Cumberland</i> ^{Town} | | <i>Allegany.</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>8</i> | Day <i>17</i> | Age <i>5</i> | Months <i>5</i> | Days |
| Sex <i>Male.</i> | Color or Race <i>White</i> | | Birth-place <i>Cumberland Md</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>None.</i> | | |
| Name of Wife or Husband <i>[Redacted]</i> | | | | | |
| Father's Name <i>Samuel. J. Linn</i> | | | Father's Birthplace <i>Greenledge Md</i> | | |
| Mother's Maiden Name <i>Sarah C. Ake.</i> | | | Mother's Birthplace <i>Cumberland Md</i> | | |
| Name of person giving information <i>Sarah C. Ake.</i> | | | How related to deceased <i>Mother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------------------|--------------------------------------------|
| Primary <i>Measles</i> | How long <i>one week,</i> |
| Immediate <i>Exhaustion.</i> | How long <i>61</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>H. B. Miller</i> |
| | Address <i>Cumberland Md</i> |
| Accident or Suicide? | |



Name In Full

Certificate of Death

Miss Nellie Lynch

Town

County

Died at

MARYLAND

Data 19

Month

Day

Y.

M.

D.

Native of

Occupation

Cumberland Allegany

Aug Thursday

Age

33

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

one week

Death

Immediate

Hemorrhage of Bowels

Accident, Suicide, Homicide

Reported by

B. C. Miller

Address

Cumberland M.d.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. ✓

LIBRARY BUREAU, 79898



Name
in
Full

Martha McJimpsey McCutcheon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------------|----------------------------|----------------------------------------|----------------------------------------|-----------------|------|
| Died at <u>Barton</u> <small>Town</small> | | <u>Allegheny</u> <small>County</small> | | MARYLAND | |
| Date of death 190 <u>2</u> | Month <u>Aug</u> | Day <u>21</u> | Age <u>63</u> <small>Years</small> | Months <u>1</u> | Days |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Ireland</u> | | |
| Married, Single or Widowed <u>Married</u> | | | Occupation <u>H.W.</u> | | |
| Name of Wife or Husband <u>Thomas McCutcheon</u> | | | | | |
| Father's Name <u>James McJimpsey</u> | | | Father's Birthplace <u>Ireland</u> | | |
| Mother's Maiden Name <u>Unknown Dalzell</u> | | | Mother's Birthplace <u> </u> | | |
| Name of person giving information <u>Thomas McCutcheon</u> | | | How related to deceased <u>Husband</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------------------------------------------------------------------------|----------------------------------|---------------------------------------------|----------------|
| Primary | <u>Probably Cancer of bowels</u> | How long | <u>2 years</u> |
| Immediate | <u>Exhaustion</u> | How long | <u>3 weeks</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | Signature of Physician <u>J. A. Boucher</u> | |
| | | Address <u>Barton Md</u> | |
| Accident or Suicide? | | | |



Name In Full

Certificate of Death

Infant of Edward McE Lowe

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

2

8

9

Age

—

1

Md

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

1 day

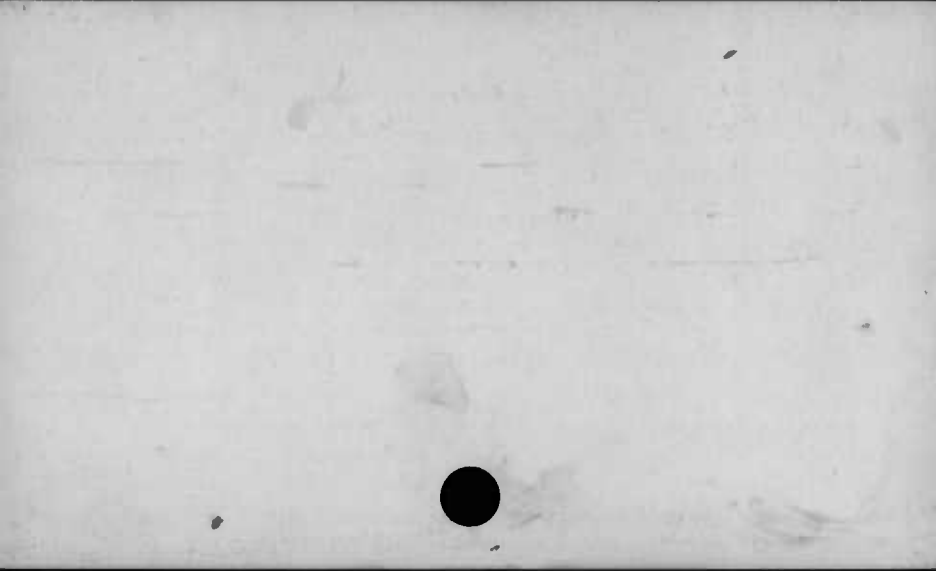
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79949



Name
in
Full

Thomas M. Farland

CERTIFICATE OF DEATH

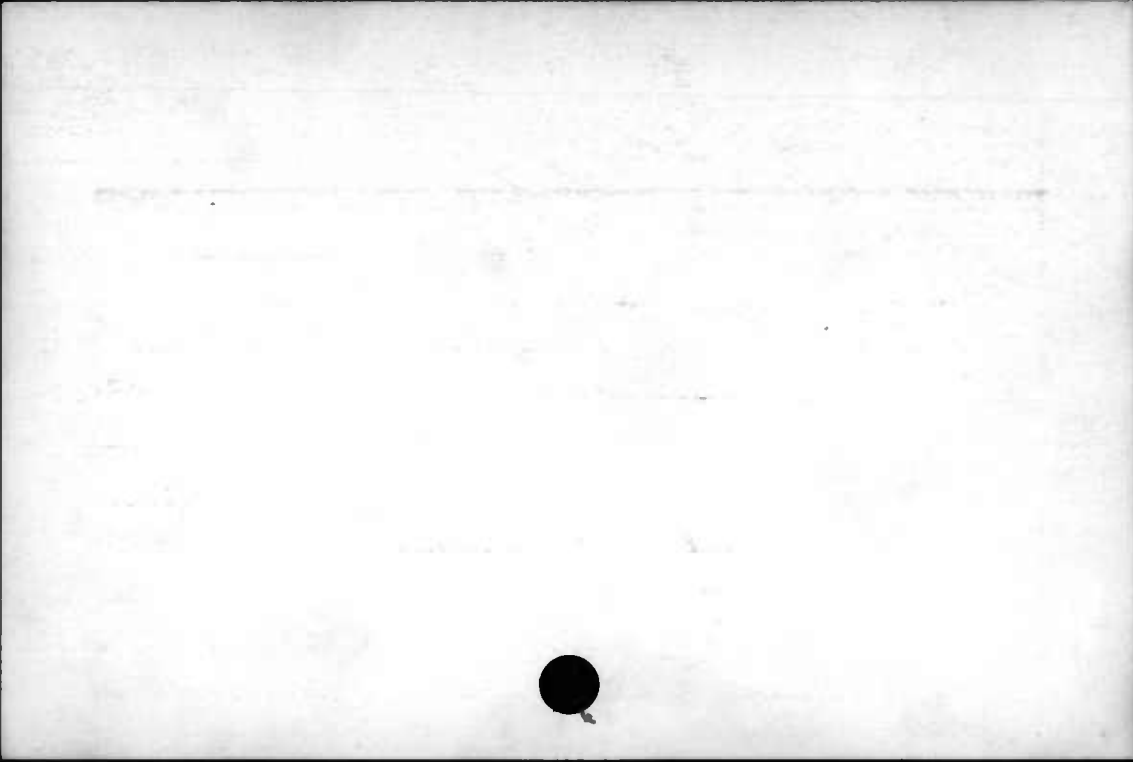
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|------------------------------------------------------|----------------------------|---------------------------------------------|----------------|
| Died at <u>Lonaconing</u> <u>Alligum</u> County | | MARYLAND | |
| Date of death 190 <u>2</u> <u>Aug</u> <u>18</u> | Age <u>—</u> Years | Months <u>1</u> | Days <u>21</u> |
| Sex <u>male</u> | Color or Race <u>White</u> | Birth-place <u>Lonaconing</u> | |
| Married, Single or <u>Widowed</u> | | Occupation <u>—</u> | |
| Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Wm. M. Farland</u> | | Father's Birthplace <u>Maryland</u> | |
| Mother's Maiden Name <u>Catherine Coburn</u> | | Mother's Birthplace <u>Lonaconing</u> | |
| Name of person giving information <u>John Coburn</u> | | How related to deceased <u>Grand father</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|------------------------------------------------|
| Primary <u>Marasmus</u> | How long <u>3 weeks</u> |
| Immediate <u>Inanition</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>D. Skilling M.D.</u> |
| | Address <u>Lonaconing</u> |
| Accident or Suicide? <u>—</u> | |



Mrs Ellen Mc Gregor

Town

County

Died at Midlothian

Allegany

MARYLAND

Date 1902 August 28. Age 55 6 — Native of Scotland Occupation H.M.
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 9

Husband of Robert McGregor 114
 Wife
 Father's Name Alexander McAlpine Mother's Maiden Name Anna Williamson

Cause of Death { Primary Perihepatitis et Uraemia How long sick 8 weeks
 Immediate Coma ~~Accident, Suicide, Homicide~~

Reported by Thomas F. B. Maule M.D.

Address Frostburg, Md. ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C. F. Nickel

Alleghany.

Name
in
Full

Rebecca Mat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------|----------------------------------|------------------------------------|---------------------------------------|--------------------|------------------|
| Died at <i>Summerville</i> ^{Town} | | <i>Allegheny</i> ^{County} | | MARYLAND | |
| Date of death 1902 | Month <i>Aug</i> | Day <i>8</i> | Age <i>22</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth- place <i>ind</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>Housework</i> | | |
| Name of Wife or Husband | | | | | |
| Father's Name | | | Father's Birthplace <i>ind.</i> | | |
| Mother's Maiden Name | | | Mother's Birthplace <i>ind.</i> | | |
| Name of person giving Information | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------|
| Primary <i>Pneumonia</i> | How long <i>Six weeks</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thos. H. Brown, M.D.</i> |
| | Address <i>Summerville</i> |
| Accident or Suicide? | <i>ind</i> |



Name
in
Full

722

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|------------------------------------------------------------|--|----------------------------------|--|---------------------------------------------|--|--------------------------|--|
| Name <i>John B Nose</i> | | Town <i>Cumb</i> | | County <i>Allegheny</i> | | State <i>MARYLAND</i> | |
| Died at <i>Cumb</i> | | Date of death 190 <i>2</i> | | Month <i>Aug</i> | | Day <i>1</i> | |
| Age <i>8</i> | | Years <i>14</i> | | Months <i>8</i> | | Days <i>14</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth- place <i>Md</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Occupation <i>none</i> | | | | | |
| Name of Wife or Husband <i>_____</i> | | | | | | | |
| Father's Name <i>Henry Nose</i> | | | | Father's Birthplace <i>W. Va.</i> | | | |
| Mother's Maiden Name <i>Margaret Purnell</i> | | | | Mother's Birthplace <i>Md</i> | | | |
| Name of person giving In formation <i>Henry Nose</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| Primary <i>Enterocolitis</i> | | How long <i>1 week</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>1 day</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>C. H. Brace Jr D</i> | |
| | | Address <i>Cumbe Md</i> | |
| Accident or Suicide? | | | |



Name in Full

Certificate of Death

Catharine O'Connor

Town

County

MARYLAND

Died at

Cumberland

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug

19

Age

19

Pa

Housewife

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John O'Connor

-38

Cause of

Primary

Eclampsia (Purpura)

How long sick

36 hr

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Geo. L. Broadrup M.D.

Address

J. City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Das O'Zole

Town

County

Died at

Cumberland

MARYLAND

Date 19

02

Month

Day

aug 27

Age

Y.

M.

D.

1

Native of

md

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Fether's

Name

Daniel O'Zole

Mother's

Maiden Name

Catharine O'Zole

Cause of

Primary

Weakly 8mo child 15

How long sick

Death

Immediate

Convulsion

Accident, Suicide, Homicide

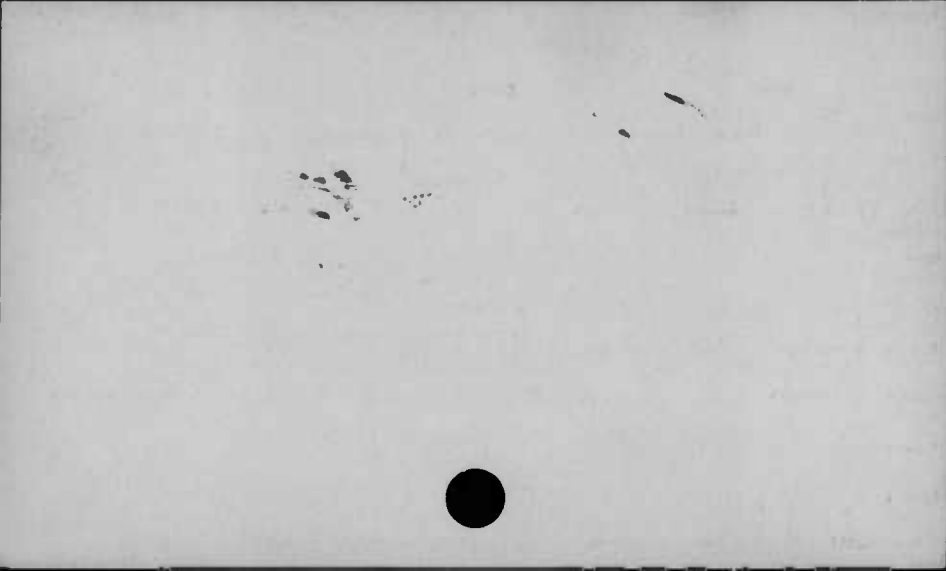
Reported by

W. H. Brown Jr. MD

Address

*no pa ar
city -*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John O Toole Jr.
 Town County Allegany MARYLAND
 Died at Donaconing

Date 19 02 Aug 27 Age 24 Y. 7 M. 29 D. N.O. Occupation Miner
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of _____

Wife

Father's Name John O Toole Mother's Name Bridget Lanaghan
 Maiden Name

Cause of Primary Injury to Bladder How long sick 3 1/2 days

Death Immediate Pyelitis & Bacterial Poisoning Accident, Suicide, Homicide

Reported by M. Gibson Porter

Address Donaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Melvin Porter

CERTIFICATE OF DEATH

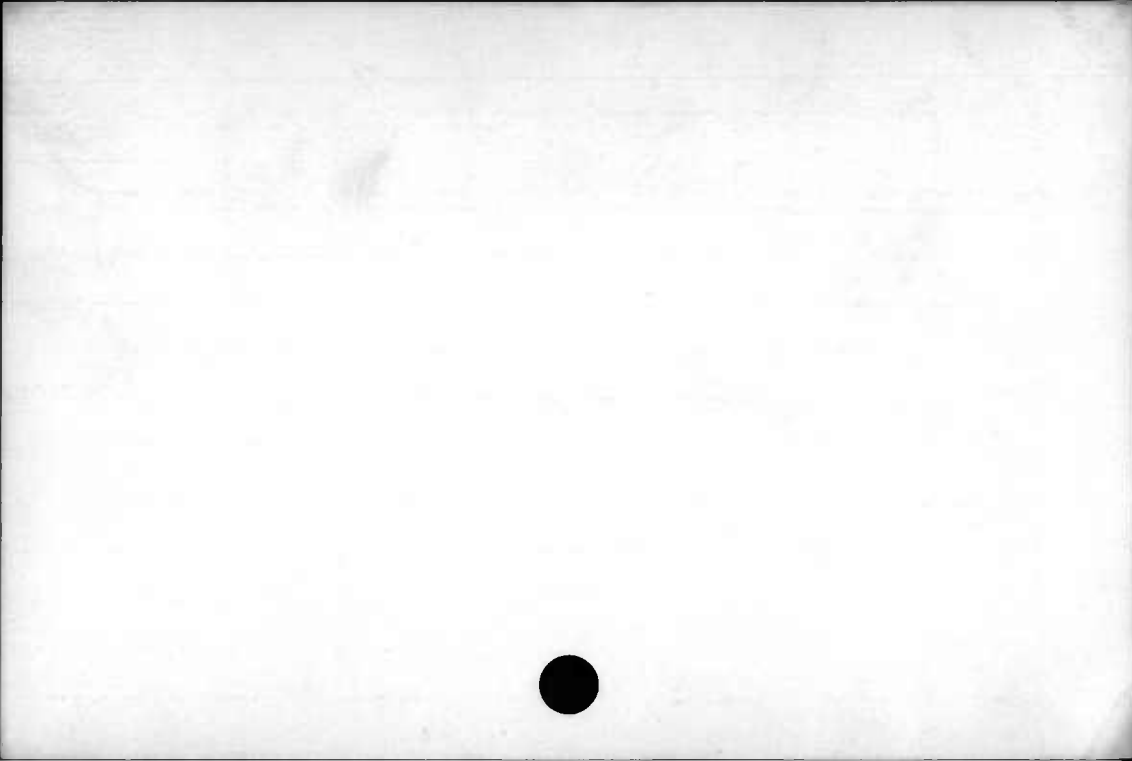
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------------------------------|-------------------------------|--------------------------|----------------------------------------|----------------------------|-----------------------------------------------|------------------|--|
| Died at | | Town <i>Alleghany</i> | | County <i>Alleghany</i> | | MARYLAND | |
| Date of death 1902 | Month <i>8</i> | Day <i>12</i> | Age | Years <i>1</i> | Months <i>—</i> | Days <i>—</i> | |
| Sex <i>M.</i> | Color or Race <i>M.</i> | | Birth- place <i>Alleghany Co</i> | | | | |
| Married, Single or Widowed | | | Occupation | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name <i>John Porter</i> | | | <i>105</i> | | Father's Birthplace <i>Alleghany Co</i> | | |
| Mother's Maiden Name <i>Mary Jones</i> | | | | | Mother's Birthplace <i>Mt Savage Md</i> | | |
| Name of person giving In formation <i>Dr W O M Lane</i> | | | | | How related to deceased <i>Nom</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|-------------------------------------------------------------------------|-------------------------|---------------------------------------------------|--------------------------------|
| Primary | <i>Chlorea Infantum</i> | How long | <i>3 days</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician <i>Dr W O M Lane</i> | Address <i>Frostburg Md</i> |
| Accident or Suicide? | | | |



Harrison Reed

Died at ^{Town} Cumberland ^{County}

MARYLAND

Date 1902 ^{Month} Aug ^{Day} 21 ^{Y.} 66 ^{M.} 11 ^{D.} 8 ^{Native of} W Va ^{Occupation} Blacksmith

^{Male} ~~Female~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower ^{Divorced} ~~Number of children living~~ 6~~

Husband of Eliz Holladay by

Father's Name _____ Mother's Maiden Name _____

Cause of Death { Primary Senile Hemiplegia How long sick 1 yr

Death { Immediate Exhaustion Accident, Suicide, Homicide

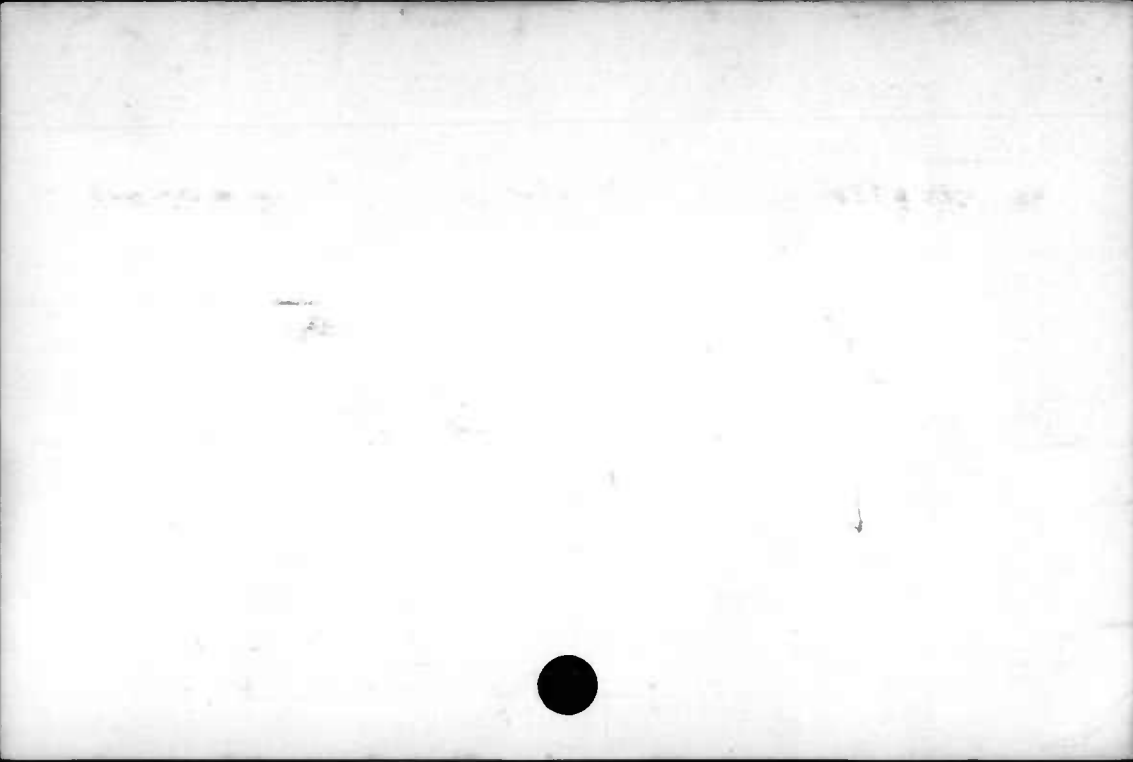
Reported by Geo L Broadump M.D.

Address 100 Va Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | | | | | |
|----------------------------------|--|---------------------------------------------------------------------------------|--|---------------------------------|--|------------------------------------------------|--|
| Name in Full | | James Reynolds | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Pekin</i> Town | | County <i>Allegheny</i> | | MARYLAND | |
| | | Date of death 190 <i>2</i> Month <i>Aug.</i> | | Day <i>2</i> Year <i>56</i> | | Months <i>—</i> Days <i>—</i> | |
| | | Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Scotland</i> | |
| | | Married, Single or Widowed <i>Widowed</i> | | Occupation <i>Saloon keeper</i> | | | |
| | | Name of Wife or Husband <i>Mary Connolly (deceased)</i> | | | | | |
| | | Father's Name <i>John Reynolds</i> | | | | Father's Birthplace <i>Scotland</i> | |
| | | Mother's Maiden Name <i>Elizabeth Smith</i> | | | | Mother's Birthplace <i>Scotland</i> | |
| | | Name of person giving information <i>James Reynolds</i> | | | | How related to deceased <i>Daughter</i> | |
| | | CAUSES OF DEATH <i>48</i> | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Chronic Rheumatism</i> | | | | How long <i>5 years</i> | |
| | | Immediate <i>Acute Infection</i> | | | | How long <i>10 days</i> | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | | | Signature of Physician <i>James C. Bullock</i> | |
| | | | | | | Address <i>For a coming old</i> | |
| | | Accident or Suicide? <i>—</i> | | | | | |



Name
in
Full

Addie Rice

CERTIFICATE OF DEATH

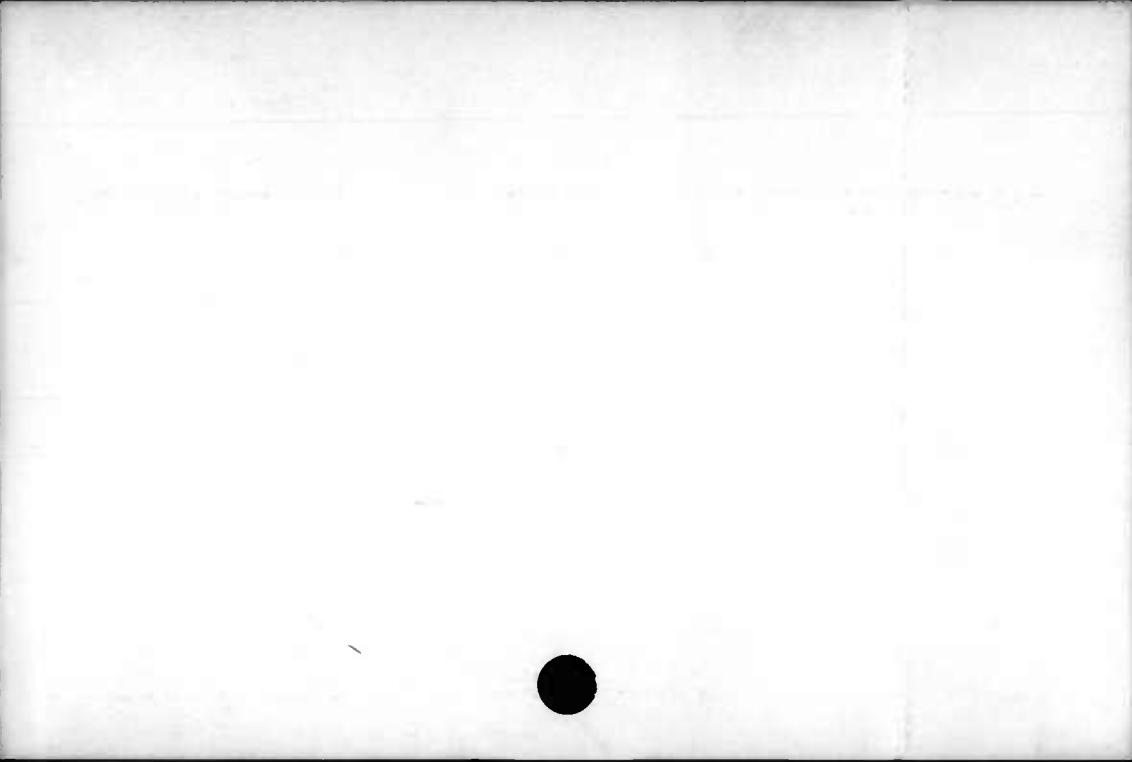
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------------------------|----------------------------|------------------------------|-------------------------|------------------------------------------|--------|----------|--|
| Died at <i>Near Twiggstown, Md.</i> | | Town <i>Twiggstown</i> | | County <i>Alleghany</i> | | MARYLAND | |
| Date of death 190 <i>2</i> | Month <i>August</i> | Day <i>15</i> | Age <i>8</i> | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>white</i> | Birth-place <i>Maryland.</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | | Occupation <i>_____</i> | | | | |
| Name of Wife or Husband <i>_____</i> | | | | | | | |
| Father's Name <i>Angle Rice</i> | | | | Father's Birthplace <i>Maryland</i> | | | |
| Mother's Maiden Name <i>Nancy Stallings</i> | | | | Mother's Birthplace <i>Alleghany Co.</i> | | | |
| Name of person giving information <i>Angle Rice</i> | | | | How related to deceased <i>Father</i> | | | |

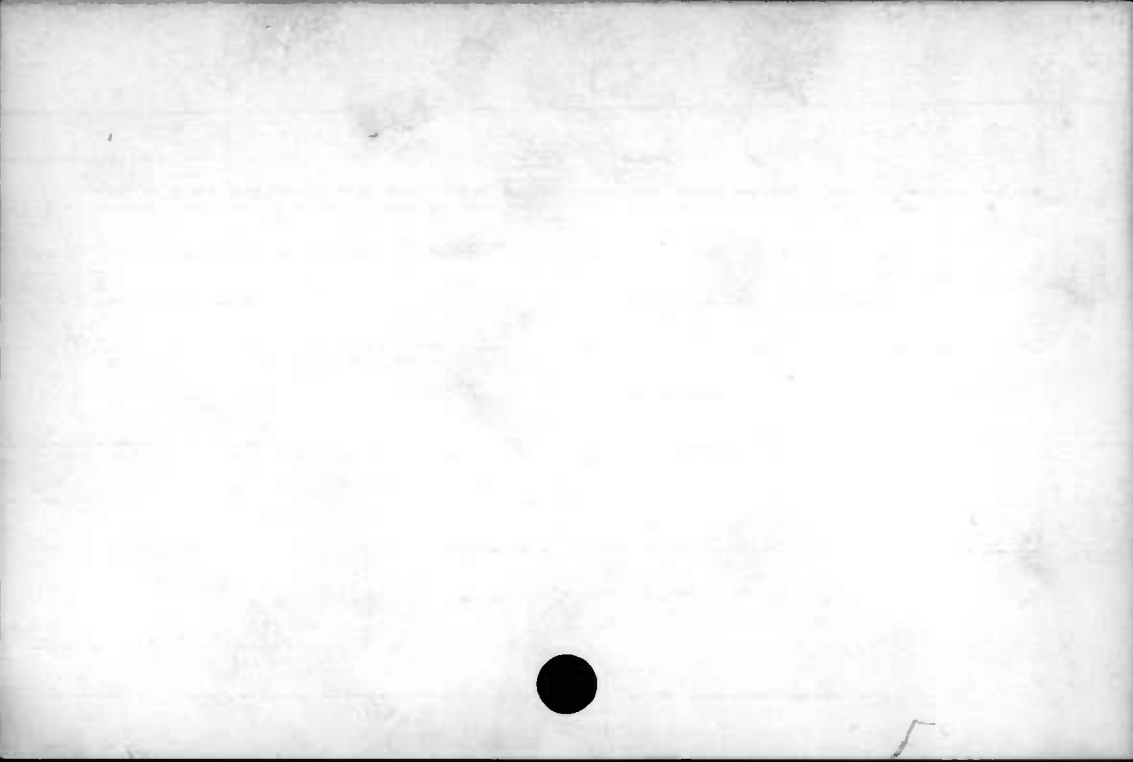
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|-------------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Diphtheria</i> | How long <i>4 days</i> |
| Immediate <i>Only saw case once - a few hours before death. Presume diphtheria.</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Princial Gutz, M.D.</i> |
| | Address <i>Alaska, U.S.</i> |
| Accident or Suicide? <i>✓</i> | |



| | | | | | | | |
|-------------------------------------|--|----------------------------------------------------------------------|-------------|---------------|--------|-----------------------|---------------|
| Name in Full | | George W Rice | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Town | | County | | MARYLAND | |
| | | Near Cambridge | | Allegany | | | |
| | | Date of death 1902 | Month | Day | Age | Months | Days |
| | | Aug. | 12 | 3-4 | 11 | 12 | |
| | | Sex | Male | Color or Race | White | Birth-place | Greensboro Md |
| | | Married, Single or Widowed | Married | Occupation | Farmer | | |
| | | Name of Wife or Husband | Rachel Rice | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information | | Lemuel Kelso | | | | | |
| | | How related to deceased | | | | | |
| | | Son in Law | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Apoplexy | | How long | |
| | | Immediate | | Coma | | 3 days | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Yes | | from coma of apoplexy | |
| | | Signature of Physician | | H. L. Kelso | | | |
| | | Address | | Cambridge Md | | | |
| | | Accident or Suicide? | | | | | |



Name in Full

Certificate of Death

Robt Allen Rice

Died at

McCleavel

Town

allingham

County

MARYLAND

Date 19

02 Aug 15

Month

Day

Age

2

Y.

M.

D.

Native of

Cumberland

Occupation

Gufont

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Edward Rice

Mother's

Maiden Name

105

Cause of

Primary

Antero Colitis

How long sick

1 month

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. D. Hoffman

Address

Kypin W. Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79598

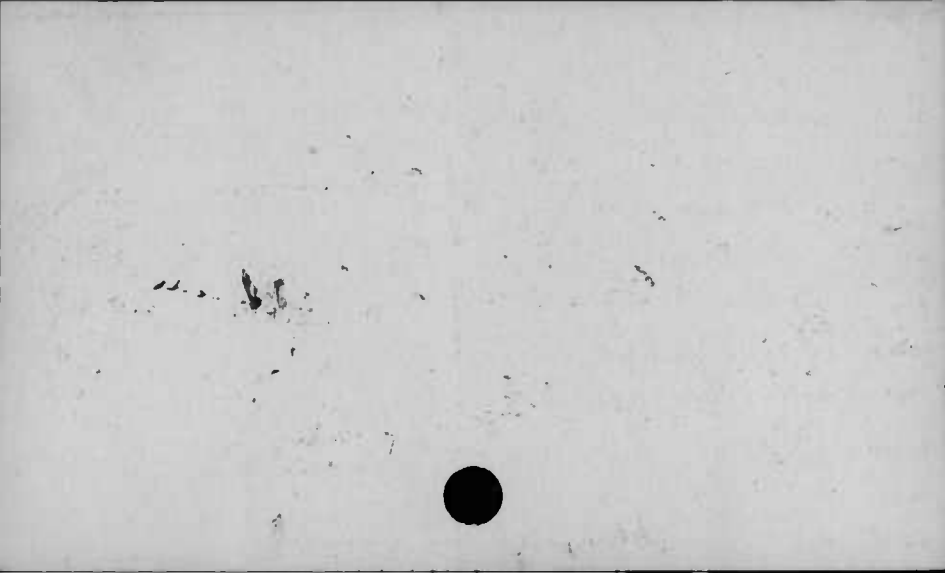


Name in Full

Certificate of Death

George Schramm
 Town _____ County _____
 Died at Frederick, Allegany MARYLAND
 Date 1902 Month 8 Day 24 Y. M. D. Native of _____ Occupation _____
 Age 48 - 50 - 51 - 52 - 53 - 54 - 55 - 56 - 57 - 58 - 59 - 60 - 61 - 62 - 63 - 64 - 65 - 66 - 67 - 68 - 69 - 70 - 71 - 72 - 73 - 74 - 75 - 76 - 77 - 78 - 79 - 80 - 81 - 82 - 83 - 84 - 85 - 86 - 87 - 88 - 89 - 90 - 91 - 92 - 93 - 94 - 95 - 96 - 97 - 98 - 99 - 100
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5
 Husband of _____
 Wife _____
 Father's Name _____ Mother's Name _____
 Maiden Name _____
 Cause of Death { Primary Asthma Immediate Pneumonia & apoplexy How long sick 5-6 weeks
 Accident, Suicide, Homicide _____
 Reported by C. Cobey
 Address Frederick, Md.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. ✓

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Died at

Town *Cumberland* County *Thay*

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Aug. 20

Age

7

Cumberland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

James W. Thay
Cholera Infantum
Exhaustion

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Address

James J. Johnson
Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

David M. Sloan

Town

County

MARYLAND

Died at

Cumberland

Alleghany

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug.

9

Age 52

-

Maryland

Attorney

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Mary L. Todd

Wife

Father's

Mother's

Name

Alexander Sloan

Maiden Name

Sarah Percyp.

Cause of

Primary

Chronic Nephritis

20

How long sick

18 months

Death

Immediate

Uraemic Coma

Accident, Suicide, Homicide

Reported by

James T. Johnson, M.D.

Address

Cumberland

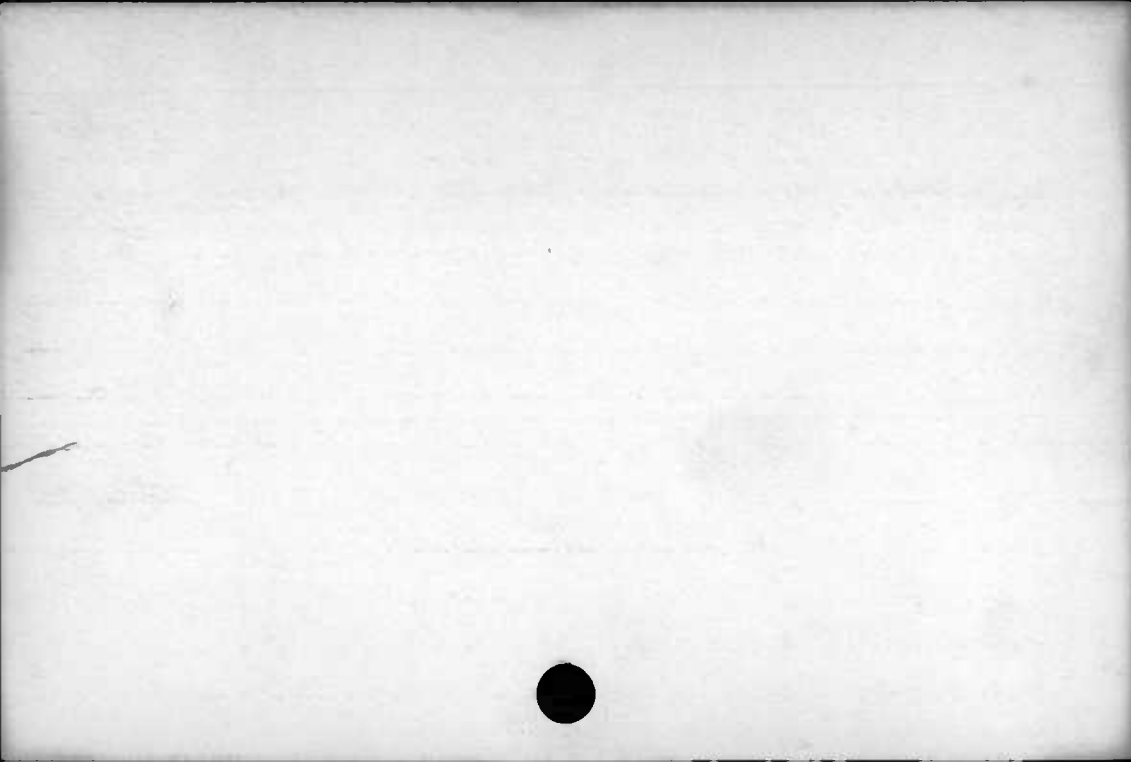
Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79693



| Name in Full | | Eva Morte Smith | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--------------------------------------------------------------------------|-----------------|----------------------------|--------|------------------------------------|----------------------|--------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at ^{Town} Cumberland | | ^{County} Allegany | | MARYLAND | | |
| | Date of death 1902 | | Month Aug | Day 14 | Years 2 | Months 8 | Days — |
| | Sex Female | | Color or Race Colored | | Birth-place Cumberland Md. | | |
| | Married, Single or Widowed — | | | | Occupation Child. | | |
| | Name of Wife or Husband — | | | | | | |
| | Father's Name | | | | Father's Birthplace | | |
| | Mother's Maiden Name Sallie Smith | | | | Mother's Birthplace Cumberland Md. | | |
| Name of person giving information | | | | | How related to deceased | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | | | How long — | | |
| | Immediate Meningitis | | | | How long 9 days | | |
| | Are the name, age, sex, color, date and place correctly given above? Yes | | | | Signature Arthur H. Hawburn M.D. | | |
| | Accident or Suicide? — | | | | Address Cumberland Md. | | |



Ralph Henry Stegman

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 19

02

Month

Day

8

8

Age

Y.

M.

D.

- 2 -

Native of

Cumberd

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Grant-Dorsey

Mother's

Maiden Name

Emma Steckman

Cause of

Primary

Acute Colitis

How long sick

2 weeks

Death

Immediate

Inanition

105

Accident, Suicide, Homicide

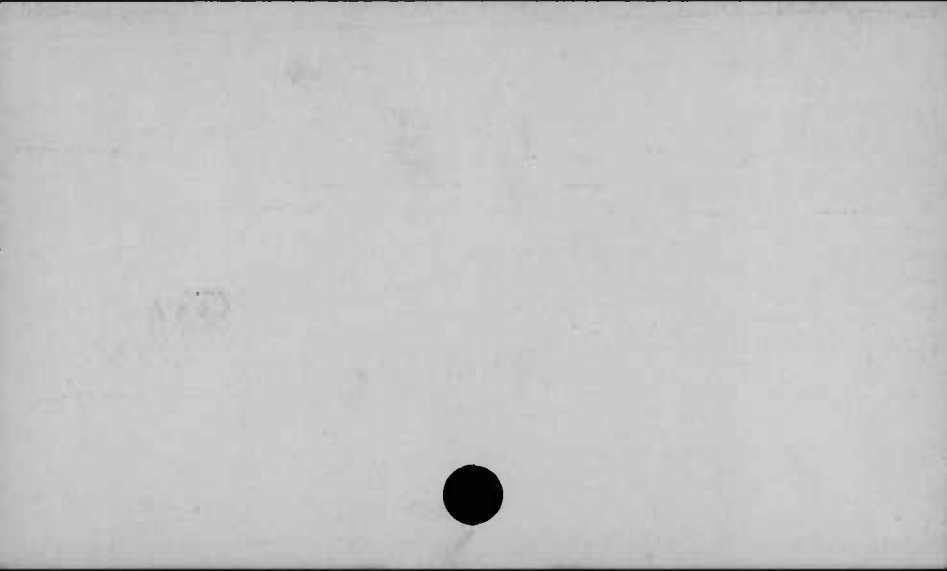
Reported by

J. M. G. can

Address

Cumberd, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

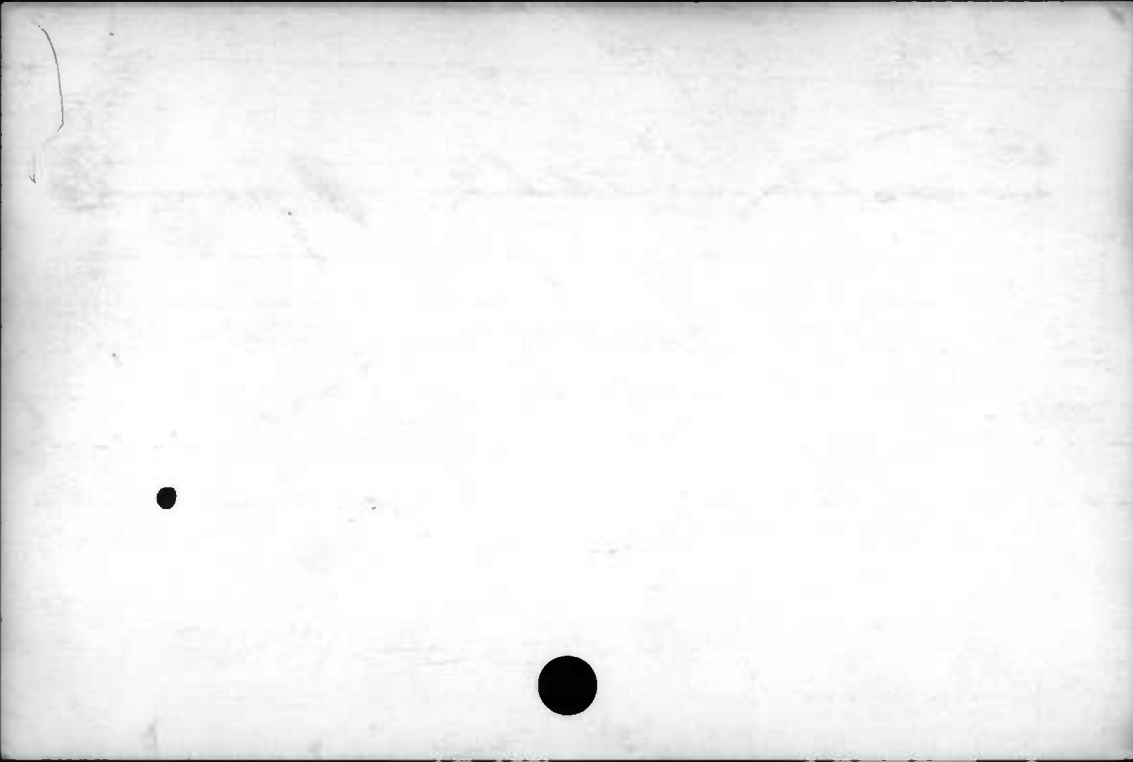
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---------------------------------------------------|----------------------------|-------------------------------------|---------------|
| Died at <u>Gilman</u> Town <u>Allegany</u> County | | MARYLAND | |
| Date of death 190 <u>2</u> Aug <u>20</u> Day | Age <u>2</u> Years | Months <u>5</u> | Days <u>—</u> |
| Sex <u>male</u> | Color or Race <u>white</u> | Birth-place <u>Gilman</u> | |
| Married, Single or Widowed <u>—</u> | | Occupation <u>—</u> | |
| Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>John Thompson</u> | | Father's Birthplace <u>Scotland</u> | |
| Mother's Maiden Name <u>Mary Ann Smith</u> | | Mother's Birthplace <u>—</u> | |
| Name of person giving information <u>—</u> | | How related to deceased <u>—</u> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <u>Diphtheria</u> | How long <u>One week</u> |
| Immediate <u>Dysentery</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>W. B. Skilling M.D.</u> |
| | Address <u>Lonaconing</u> |
| Accident or Suicide? <u>—</u> | |



Name In Full

Certificate of Death

Galati Tomanas

Died at ^{Town} Pinto ^{County} Allegheny MARYLAND

Date 1902 ^{Month} 8 ^{Day} 11 ^{Age} 22 ^{Y.} — ^{M.} — ^{D.} — ^{Native of} Italy ^{Occupation} Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Injury

Death

Immediate

Shock

How long sick

1 hourAccident, ~~Suicide~~, ~~Homicide~~

Reported by

J. M. Spear

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister ✓

Name in Full

Certificate of Death

Suigi' Tongreto

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

8

12

Age 26

Italy

Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Unknown

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Injury [Fract skull]

How long sick

24 hours

Death

Immediate

Coma

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

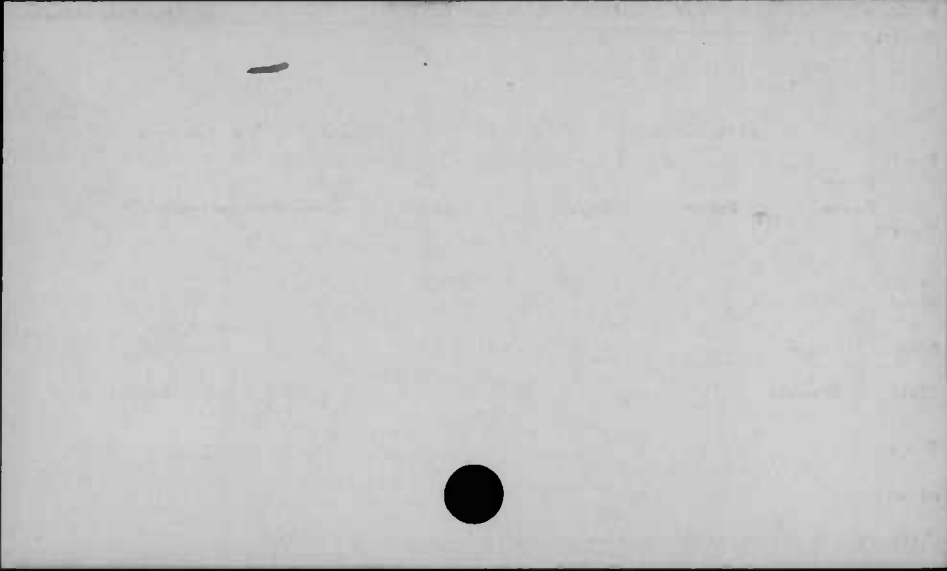
J.M. Spear

Cumberland

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Janet French

CERTIFICATE OF DEATH

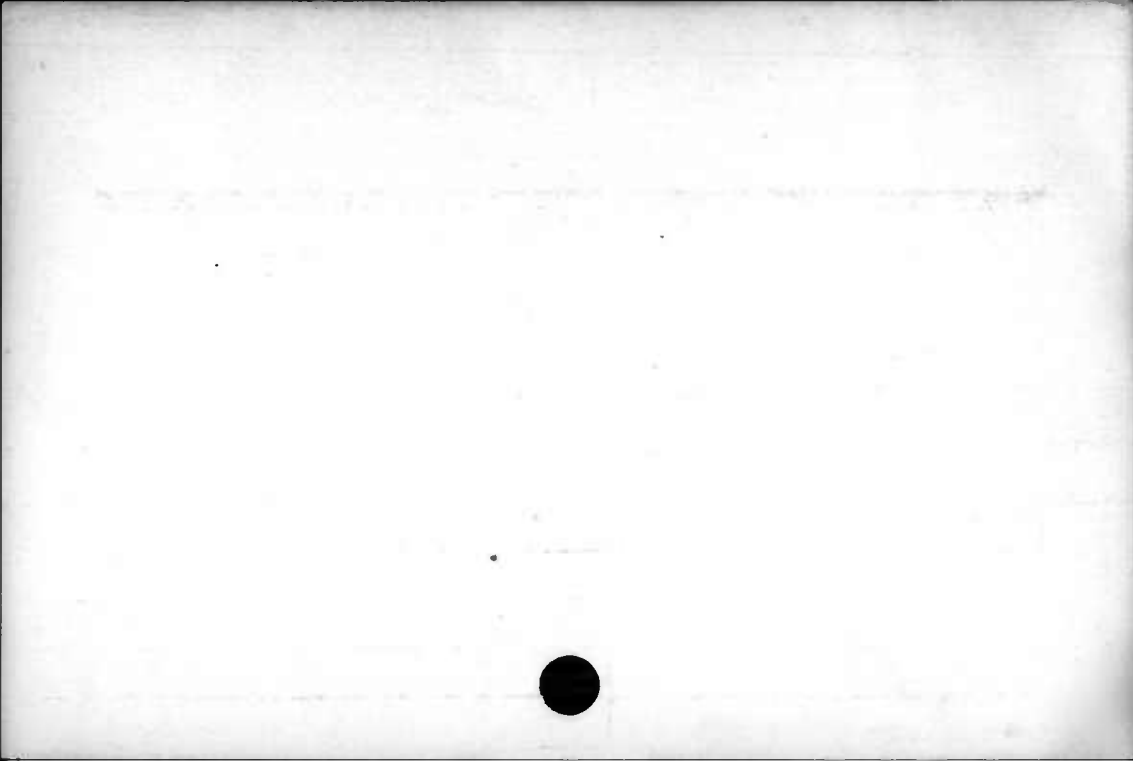
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|-----------------------------------------------------------|--|----------------------------|------------------------|---------------------------------------|-------|------------------|---------------|--|
| Died at <u>Sonoma</u> Town | | | <u>Allegany</u> County | | | MARYLAND | | |
| Date of death 190 <u>2</u> | | Month <u>August</u> | Day <u>21</u> | Age <u>22</u> | Years | Months <u>10</u> | Days <u>3</u> | |
| Sex <u>Female</u> | | Color or Race <u>White</u> | | Birth-place <u>Sonoma</u> | | | | |
| Married, Single or Widowed <u>Single</u> | | | | Occupation <u>Homework</u> | | | | |
| Name of Wife or Husband | | | | | | | | |
| Father's Name <u>Wm. French</u> | | | | Father's Birthplace <u>Scotland</u> | | | | |
| Mother's Maiden Name <u>Helen McHenry</u> | | | | Mother's Birthplace <u>Scotland</u> | | | | |
| Name of person giving information <u>Catharine French</u> | | | | How related to deceased <u>Sister</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---------------------------------------------------------------------------------|--|------------------------------------------------|
| Primary <u>Cephalodinitis</u> | | How long <u>2 Days</u> |
| Immediate <u>Hemorrhage from lower - ulcer or chronic catarrh</u> | | How long <u>1 day</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>James C. Bullock</u> |
| | | Address <u>Sonoma</u> |
| Accident or Suicide? <u>no</u> | | |



Name In Full

Certificate of Death

Viola Twigg

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Aug 29

Age

2

Cumb

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

H. W. Twigg

Mother's

Maiden Name

Annie L. Twigg

Cause of

Primary

Malnutrition 105

How long sick

Death

Immediate

Say appears

Accident, Suicide, Homicide

Reported by

E. B. Lacey, M.D.

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828



Name in Full


Certificate of Death

Sarah A. Wallers ~~*Waller*~~
 Town County
 Died at *Cumtland. Allegany* MARYLAND

Date *1902 Aug 13* Age *9* Native of Occupation
None
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living

Husband of
 Wife of
 Father's Name Mother's Name *118*

Cause of Death { Primary *Appendicitis* Immediate *Exhaustion* How long sick *one week*
 Accident, Suicide, Homicide

Reported by *J. B. McJannet. M.D.*
 Address *Cumtland*  *MD.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1 2 3 4 5



Name
in
Full

CERTIFICATE OF DEATH

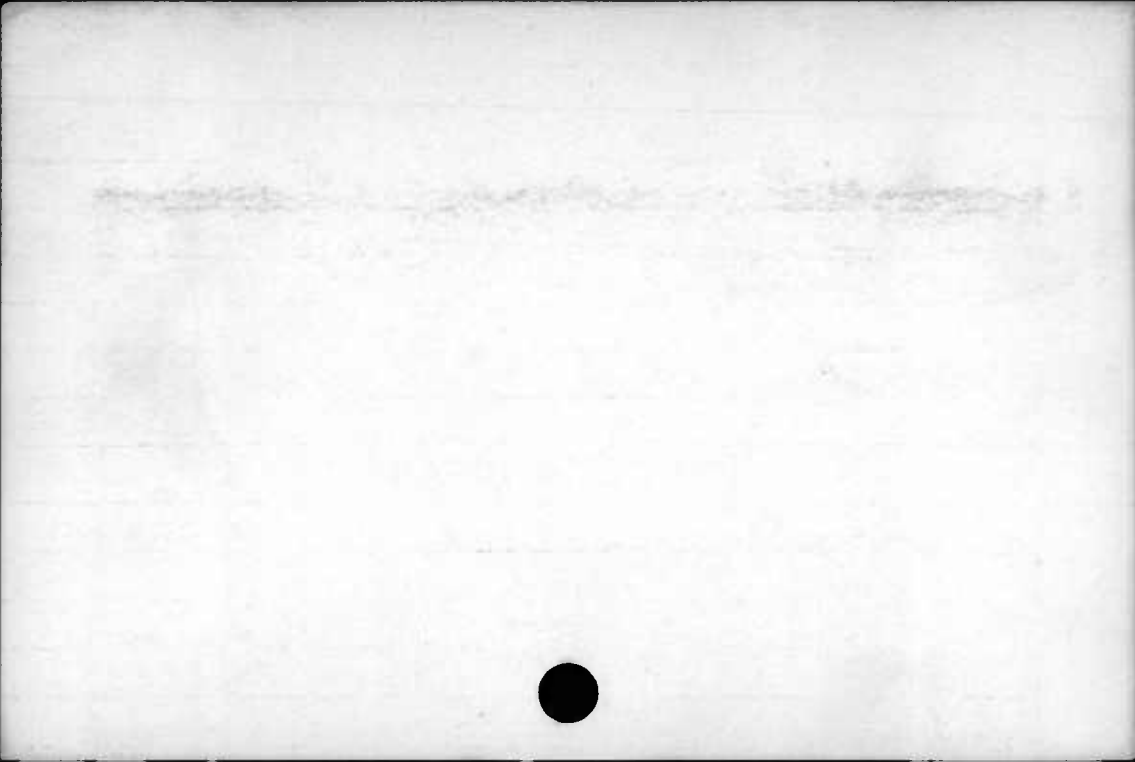
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|----------------------------------------------|----------------------------|-----------------------------------|--------------------------------|----------------|------------------|
| Died at <i>Cumtland</i> ^{Town} | | <i>Allegany</i> ^{County} | | MARYLAND | |
| Date of death 190 | Month <i>Aug</i> | Day <i>14</i> | Age <i>—</i> | Years <i>2</i> | Months <i>20</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Cumtland</i> | | |
| Married, Single or Widowed <i>—</i> | | | Occupation <i>—</i> | | |
| Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Joe W. W. W.</i> | | | Father's Birthplace <i>Co.</i> | | |
| Mother's Maiden Name <i>Mary P. P. - 108</i> | | | Mother's Birthplace <i>Co.</i> | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-------------------------------------------|
| Primary <i>Acute indigestion</i> | How long <i>3 months</i> |
| Immediata <i>—</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. W. W. W.</i> |
| | Address <i>Cumtland</i> |
| Accident or Suicide? | |



Name
in
Full

Mary Wheatten

CERTIFICATE OF DEATH

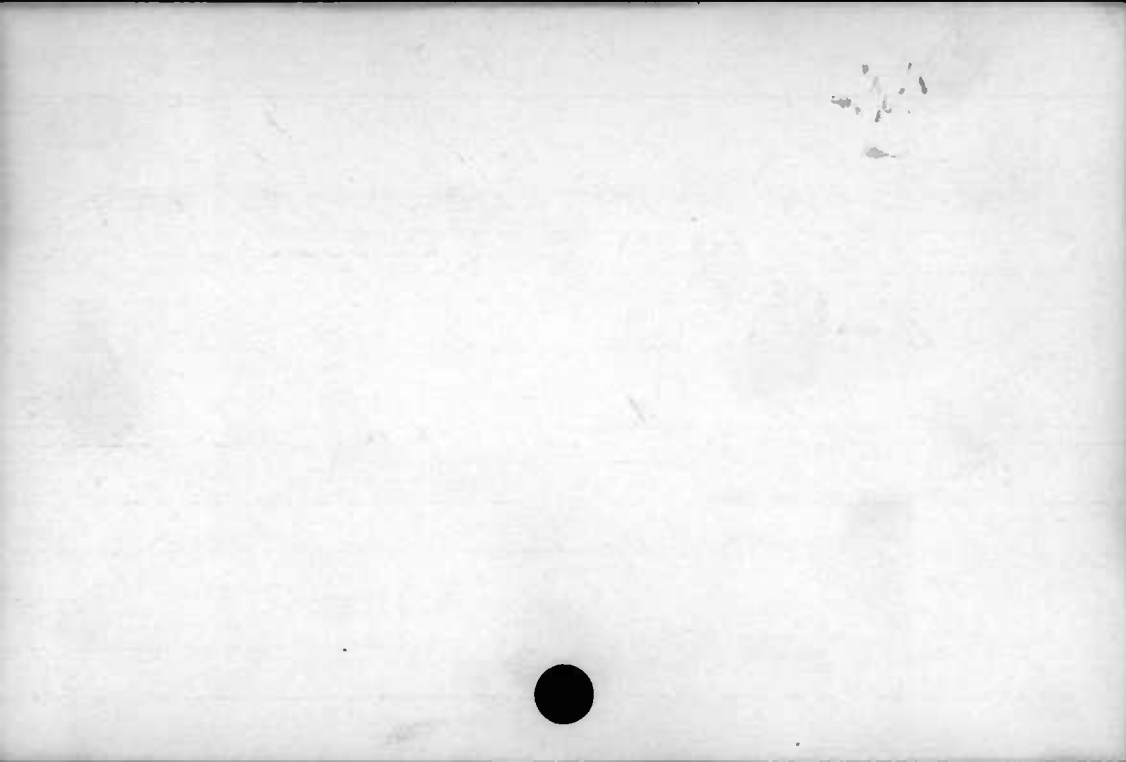
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------------------|----------------------------|-----------------------------|
| Died at <u>Bethesda</u> ^{Town} | | <u>Allegany</u> ^{County} | | MARYLAND | |
| Date of death 190 | <u>2</u> ^{Month} | <u>8</u> ^{Day} | Age <u>67</u> ^{Years} | <u>9</u> ^{Months} | <u> </u> ^{Days} |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>England</u> | | |
| Married, Single or Widowed <u>Married</u> | Occupation <u>House wife</u> | | | | |
| Name of wife or Husband <u>Dead</u> | | | | | |
| Father's Name <u> </u> | | | Father's Birthplace <u> </u> | | |
| Mother's Maiden Name <u> </u> | | | Mother's Birthplace <u> </u> | | |
| Name of person giving information <u>Lillie W. S. Borden</u> | | | How related to deceased <u>Daughter</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-------------------------------------------|
| Primary <u>Marathon</u> | How long <u>4 days</u> |
| Immediate <u>Exhaustion</u> | How long <u>2 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Chas. Brown</u> |
| | Address <u>Cincinnati, Ohio</u> |
| Accident or Suicide? | |



Name in Full

Certificate of Death

Florence Whitman

Died at

Midland

Town

Allegheny

County

MARYLAND

Date 1902

Month

8

Day

19

Y.

25

M.

1

D.

23

Native of

Maryland

Occupation

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

None

Husband of

J. R. Whitman

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pelvic Abscess & Tubercular Peritonitis

How long sick

8 months

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

E. E. Adelsberger, M.D.

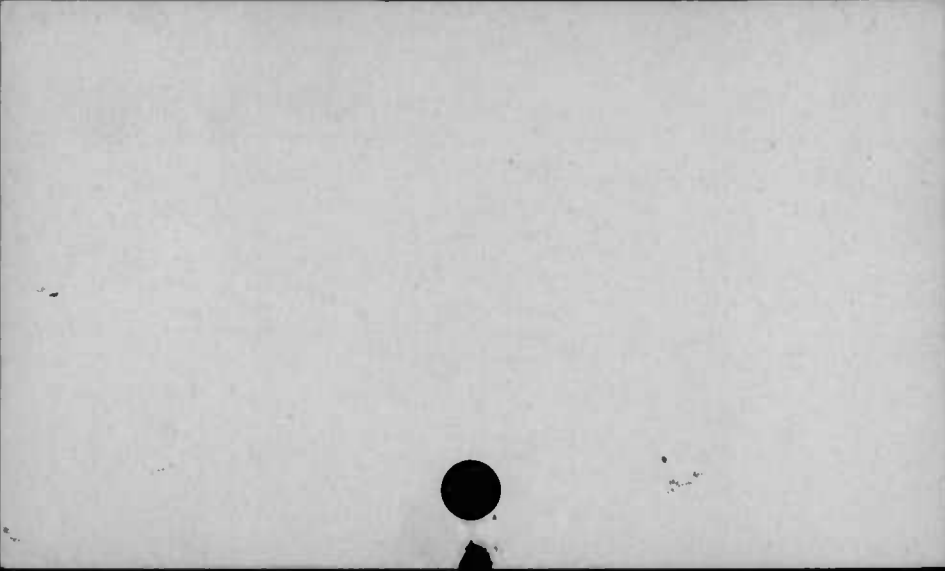
Address

Midland

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Whitman

MARYLAND

Died at *Cumtubund*

Town

County

Date 19 *02* *aug* *25*

Month

Day

Y.

M.

D.

Native of

Occupation

Age *1*

Age

Cumtubund

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Monstrous Deficientia (Anencephalus)

How long sick

Stillborn

Death

Immediate

Premature Birth

Accident, Suicide, Homicide

Reported by

W. L. Broadbent MD

Address

101 Voan

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Henry Niegand


CERTIFICATE OF DEATH

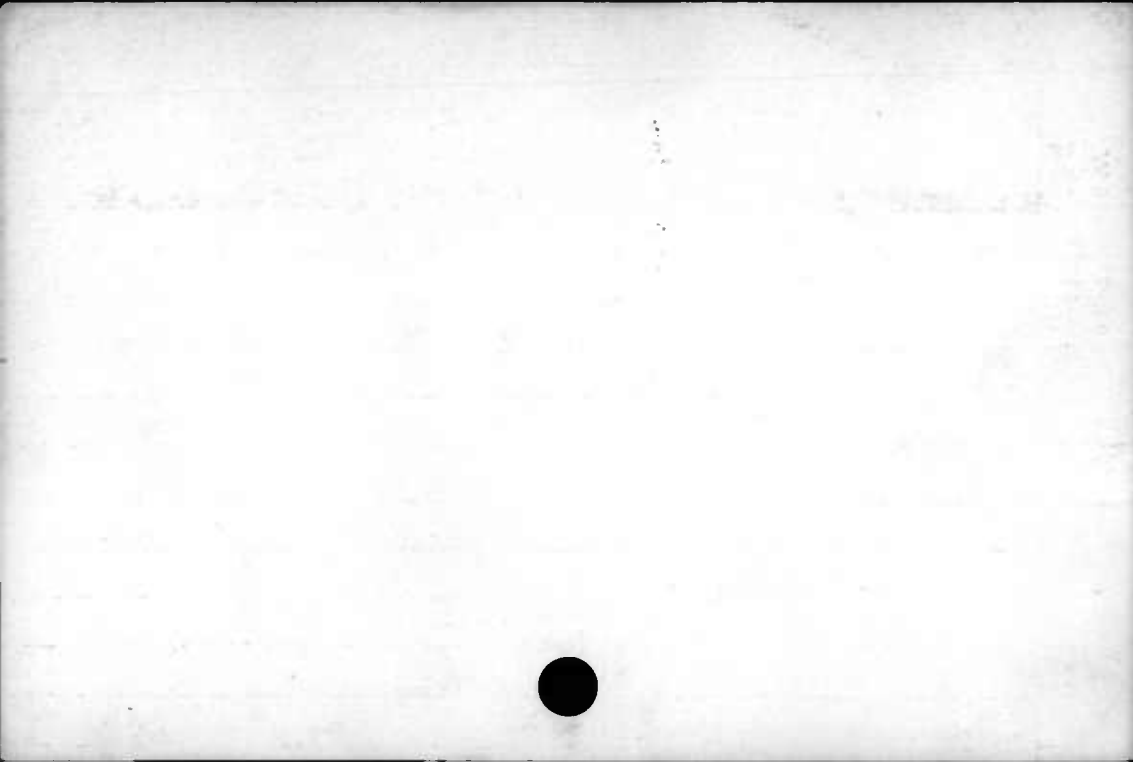
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|----------------------------------------------|----------------------------|-------------------------|------------------------------------|----------|--------|------|
| Died at <i>Cumberland</i> ^{Town} | | County <i>Allegheny</i> | | MARYLAND | | |
| Date of death 1902 | Month 8 | Day 22 | Age 81 | Years | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Germany</i> | | | |
| Married, Single or Widowed <i>Married</i> | | | Occupation <i>Laborer</i> | | | |
| Name of Wife or Husband <i>Maria Niegand</i> | | | | | | |
| Father's Name | | | Father's Birthplace <i>Germany</i> | | | |
| Mother's Maiden Name | | | Mother's Birthplace <i>Germany</i> | | | |
| Name of person giving Information <i>27</i> | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Primary <i>Tuberculosis</i> | How long <i>3 yrs</i> |
| Immediate <i>Exhaustion</i> | How long <i>several weeks</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. N. Dochman</i> |
| | Address  |
| Accident or Suicide? | <i>✓</i> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland ^{County} AlleganyDate of death 1907 ^{Month} Aug: ^{Day} 9 ^{Years} Age 12 ^{Months} ^{Days}Sex male ^{Color or Race} white ^{Birth-place} Cumberland~~Marr~~ Married, Single ^{Occupation} none
~~or Widowed~~ SingleName of Wife or
Husband

Father's Name David Gieler Father's Birthplace Cum berland

Mother's Maiden Name Anna Hambright Mother's Birthplace Cum berland

Name of person giving information David Gieler How related to deceased Father

CAUSES OF DEATH

Primary Fell through Elevator Shaft How long

Immediate Shock How long 6 hours

Are the name, age, sex, color, date
and place correctly given above? yes

Signature of Physician G. L. Harder

Address Cumberland Md

Accident or Suicide?

PHYSICIAN
OR CORONER

